

Hours: Monday- Thursday 7:00AM-5:45PM
Closed on Fridays and Holidays
Phone: 954-518-9000
Email: utilitycustomerservice@ppines.com
8300 S Palm Dr
Pembroke Pines, FL 33025

Route # _____

Commercial Utility Service Contract Application Form



www.ppines.com

*Security Deposit based on meter size (*circle one below*)

Internal Use Only

ACCOUNT WILL BE **BILLED** FOR THE SECURITY

5/8"- \$120 **1"**- \$160 **1.5"**- \$320 **2"**- \$640 **3"**- \$1,280 **4"**- \$2,560 **6"**- \$5,120 *Multi-Unit: \$50/Unit

DEPOSIT IN THE AMOUNT OF: \$ _____ .00

Utility Account # - CID # _____ - _____

By: _____ Date: ____/____/____

PLEASE TYPE OR PRINT

Service Address: _____ Zip Code: _____

Owner Name: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Driver License # _____ or Gov't ID# _____

Phone # _____ Email: _____

Your initials are required for each item below, to acknowledge that you have read these important procedures affecting your account:

_____ I understand - When opening a new utility account, I will be charged a one-time new account set-up fee.

_____ I understand - For each monthly invoice, all balances due are to be paid by the due date to avoid late fees, delinquent turn-off, and lien process.

_____ I understand - My Security deposit will not be refunded until property ownership has changed.

_____ I understand - My security deposit will be applied to the final bill, therefore, all balances are to be settled at closing between the seller/ buyer prior to closing the account

_____ I understand - My final bill and any remaining security deposit, in the form of a refund check, will be mailed according to the information on my account. Failure to notify the department of a change in my mailing address, may prevent these items from being mailed to my intended destination.

_____ I understand - Failure to notify the US Postal Service to forward my mail, may prevent these items from being mailed to my intended destination

_____ I understand - Should I need to request for a replacement refund check, a re-issue fee will be charged and deducted from the original amount of the refund check. If the amount of the refund check is less than this fee, I will need to contact the State of Florida Unclaimed Property Division at 1-888-258-2253 or www.fltreasurehunt.org

_____ I understand - By execution of this contract for service I am in agreement with the City of Pembroke Pines Code of Ordinances, and agree to observe and abide by all applicable City, State and Federal Statutes, Resolutions and Regulations.

_____ I understand - That I am fully responsible for all charges at the above property, to include the minimum monthly service charge (even if services are off) until I notify the department that property ownership has changed.

"Pursuant to §837.06, Florida Statutes, a person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor of the second degree, punishable as provided in §§775.082 and 775.083, Florida Statutes. Under the penalties of perjury, I, _____ (Owner), declare that I have read the foregoing application and that the facts asserted in it are true."

Owner Signature: _____ Print Name: _____

Date Application Completed and Signed: ____/____/____