

DEPARTMENT OF PUBLIC WORKS
CITY OF HIALEAH, FLORIDA



DEPOSIT FORM

Office: 305-556-3800 – Fax: 305-826-5039

CUSTOMER NO: _____ REF. NO.: _____ CREDIT SCORE: _____

CUSTOMER NAME: _____
(NOMBRE DEL CLIENTE)

SERVICE ADDRESS: _____
(DIRECCION DE SERVICIO)

SERVICE DATE: _____
(FECHA DE SERVICIO)

FORWARDING ADDRESS: _____
(DIRECCION PARA CORRESPONDENCIA)

DRIVER LICENSE NO.: _____ SOCIAL SECURITY NO.: _____
(NUMERO DE LA LICENCIA) (SEGURO SOCIAL)

HOME TELEPHONE: _____ WORK: _____ CELLULAR: _____
(NUMERO DE TELEFONO DE LA CASA) (TRABAJO) (CELULAR)

PREVIOUS ADDRESS: _____
(ULTIMA DIRECCION)

CUSTOMER & OWNER ARE SAME: YES () NO () OWNER'S PHONE NO.: _____
(EL DUENO Y EL CLIENTE SON LOS MISMO) SI NO (TELEFONO DEL DUENO)

CUSTOMER EMAIL ADDRESS: _____ @ _____

CUSTOMER'S SIGNATURE: _____ DATE: _____
(FIRMA DEL CLIENTE) (FECHA)

By signing, you agree to comply to the rules and regulations set by Ordinance No. 05-57, Chapter 94 entitled "Water and Sewers" of the Code of Ordinances of the City of Hialeah, Florida.

Al firmar, usted esta aceptando cumplir las reglas y las regulaciones establecidas por las ordenanza No. 05-57, Capitulo 94, titulada "agua y alcantarillado" del codigo de ordenanzas de la ciudad de Hialeah, en la Florida.

GUARANTOR'S NAME: _____ ADDRESS: _____

HOME TELEPHONE: _____ WORK: _____ CELLULAR: _____
(NUMERO DE TELEFONO DE LA CASA) (TRABAJO) (CELULAR)

DRIVER'S LICENCE NO.: _____ SOCIAL SECURITY NO.: _____
(NUMERO DE LICENCIA) (SEGURO SOCIAL)

GUARANTOR'S SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

DEPOSIT NO: _____ DEPOSIT AMOUNT: \$ _____

LEASE: () DATE: _____ SETTL STMT/DEED/QUIT CLAIM DEED: () DATE: _____

NOTARIZED LETTER: () DATE: _____ OWNER PRESENT W/TENANT: DATE: _____

DATE: _____ CUSTOMER SERVICE REPRESENTATIVE: _____