



WATER AND SANITARY SEWER APPLICATION

City of New Port Richey
Billing and Collections Department
5919 Main Street
New Port Richey, Richey, FL 34652
Phone: (727) 853-1061 Fax: (727) 853-1245
Email: UT_Billing@cityofnewportrichey.org

FOR OFFICE USE ONLY:

<input type="checkbox"/> Owner	Date: _____	<input type="checkbox"/> Owner Updated
<input type="checkbox"/> Renter	Deposit Amount: _____	<input type="checkbox"/> Residential Rental Permit
<input type="checkbox"/> Lease Option	Account Number: _____	

A copy of a Tenant Lease Agreement or other documentation is required in order to set proper service billing dates and confirm that the tenant has authorization to occupy the structure and activate service. **If the tenant fails to sign in for service, it is the owner's responsibility to pay for all utility charges incurred.**

APPLICANT'S INFORMATION:

Customer's Name: _____	_____	_____	_____
	Last	First	MI
Property location: _____			
(Number/Street/Zip)			
Mailing Address (if different): _____			
<input type="checkbox"/> Social Security # _____	Driver License # _____		
<input type="checkbox"/> Federal Tax # _____	Photo ID: _____		
Customer Phone: _____	E-Mail: _____		
Landlord's Name: _____	Landlord's Phone: _____		
(if renting)			

APPLICANT'S AGREEMENT:

The undersigned, as owner/occupant of the residence or building located at the above address, hereby applies for water, sanitary sewer and/or reclaimed water services to said premises and agrees to pay for said services at the rate specified by the City of New Port Richey Code of Ordinances.

The undersigned agrees to comply with and be bound by, all rules, regulations and ordinances of the City of New Port Richey in respect to water and sewer services provided specifically as follows:

1. To pay for services provided by the City within twenty (20) days of the monthly invoice date.
2. To pay a minimum base and billing charge regardless of if water is being used or not.
3. To maintain good payment record with the City of New Port Richey; (For purposes of this contract, as well as the City's Ordinance, good payment history consists of; no more than two (2) delinquent notices have been mailed to the customer, no disconnection of services for delinquency and no occurrence of dishonored checks or stop payment of checks in the past twenty-four (24) consecutive months. Owners that maintain twenty-four (24) months of consecutive good payment history are entitled to a refund of their security deposit upon request. Refunds will be applied to the account.) Renters are entitled to the return of their security deposit upon their final bill. The deposit will be applied to the final bill and any balance of said deposit will be refunded to the customer by check after the final bill has been satisfied.
4. In the event of a dishonored check, payment for that check plus a service charge of \$25.00-\$40.00 or 5% of the face value, whichever is greater, must be made in cash or credit card to the City of New Port Richey.
5. If you request to have the meter temporarily shut off, the City will provide this service free of charge. Base and billing charges will continue to apply on a monthly basis.
6. The undersigned further agrees that if the charges and fees for said services are not paid by the specific due date, a minimum penalty in the amount of \$5.00 or 5% of the bill (whichever is higher) will be applied to the account for each month the account is delinquent. The City may also institute legal proceedings to enforce its rights to collect such fees. In any such proceedings, the City shall be entitled to recoup its costs and fees, including attorney's fees.

Customer's Signature: _____ Date: _____

Customer Service Representative: _____



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1099 FORM REQUIRED

The City of New Port Richey is required by the Internal Revenue Service to notify them of all customers who receive interest of \$10.00 or more on their security deposits and to forward those customers a 1099 Form indicating the amount of interest paid. This interest may have been applied to a final bill, a current account or refunded by check. Regardless, this interest must be reported.

The enclosed W-9 form must be completed and remain on file as a condition of service.

The City only reports interest utilizing one (1) Social Security or Federal ID number per account. For properties which are titled to multiple parties, the City will require acknowledgment that the deposit and interest may be refunded to only one individual or entity whose identification number is associated with the account.

Designated Deposit Owner

Taxpayer Identification number as listed on 1099

This acknowledgement should be signed by all owners of the property and does not relieve any of the owners from responsibility for charges for services provided by the City of New Port Richey.

Thank you for your cooperation in this matter and we look forward to providing you quality service in the future. For your convenience, you may fax the completed form to us at (727) 853-1245. If you have any questions regarding this request, please call us at (727) 853-1061.

Property Owner

Printed Name

Additional Owner of Record & Date

Printed Name

Additional Owner of Record & Date

Printed Name

Additional Owner of Record & Date

Printed Name

Sincerely,

Billing and Collections Department

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they