



**Farm Hill Utilities, Inc.**

120 Madrid Rd. - Cantonment, FL 32533  
 Phone: (850) 968-2573 Fax: (850) 937-0930

**STANDARD USER NEW METER WITH BORE**

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: (If Different) \_\_\_\_\_

DL#: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

New Meter: **YES**

Date: \_\_\_\_\_

Rent: \_\_\_\_\_ Own: \_\_\_\_\_

Meter Fee: \$200.00  
 Membership: \$15.00  
 Backflow: \$50.00  
 Impact Fee: \$2,000.00  
 Road Bore: \$400.00  
 Deposit: \$200.00  
**TOTAL FEE: \$2,865.00**

**This is to certify that the above meter deposit has been made with Farm Hill Utilities, Inc. The deposit amount is security for the payment of or to be applied to any and all amounts due upon cancellation of service. The deposit is the only amount that is refundable.**

1. The net amount of the bill shall be collected between the 1<sup>st</sup> and the 15<sup>th</sup> of each month. The gross amount of the bill is due after the 15<sup>th</sup>. Failure to receive bills or notices shall not prevent such bills from becoming delinquent nor relieve consumer from payment of bill. If statement is not received, call (850) 968-2573 between the hours of 8:30a.m. and 4:00p.m.
2. The water will be disconnected if payment is not made by 8:30 a.m. on the 21<sup>st</sup> of each month. The customer will be charged a reconnect fee of \$30.00 and the water disconnected if payment is not received by the disconnect date.
3. If the meter is turned back on after it has been disconnected by a Farm Hill employee for non-payment a \$50.00 tampering fee will be charged to the customer on the first offense, and the meter completely removed on the second and the customer may be denied water service.
4. Meter box and valve will be unobstructed and accessible to the meter reader at all times. A bush or tree may not hang over a meter box unless it clears the box by at least 6 feet. fences will need an off-set built around the box or gate within 3 feet of. No customer will be allowed a connection extension to be made to their service line for the purpose of supplying water to another user.
5. If a customer requests their meter to be re-read and the reading is found correct there will be a \$5.00 charge added to the bill. If the reading is incorrect the bill will be adjusted accordingly and no charge will be assessed.
6. Minimum monthly charges and penalties will accrue if Farm Hill Utilities is not notified to make the account inactive due to moving off the system, extended vacations, or any form of interruption of service.

**STATISTICAL INFORMATION**

**Ethnicity**

Hispanic or Latino \_\_\_\_\_  
 Not Hispanic or Latino \_\_\_\_\_

**Race**

American Indian/Alaska Native \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Black/ African American \_\_\_\_\_  
 Native Hawaiian/ Other Pacific Islander \_\_\_\_\_  
 White/ Caucasian \_\_\_\_\_

**Gender**

Male \_\_\_\_ Female \_\_\_\_

I do not wish to furnish this information \_\_\_\_

“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).”

“This institution is an equal opportunity provider and employer.”

TDD 711

**I have read the above and agree to abide by the Rules, Regulations and by-laws of this corporation. I understand my failure to do so may result in the cancellation of water service.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Meter Number \_\_\_\_\_  
Meter ID \_\_\_\_\_  
Start reading \_\_\_\_\_  
Date Connected \_\_\_\_\_  
Date Closed \_\_\_\_\_  
End reading \_\_\_\_\_  
Refund/Balance \_\_\_\_\_  
Check Number \_\_\_\_\_

**DEPOSIT**

Date Paid: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Check/Cash/CC: \_\_\_\_\_  
Office Staff Signature: \_\_\_\_\_