



1320 Winter Garden-Vineland Road, Winter Garden, FL 34787-4341  
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 www.langd.org

## Application for Residential Service

**Own** (Deed must be in your name)  
 **Renter** (Please complete): Landlord/Realtor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Service Information</b> (* = Required)		Previous Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*First Name: _____ MI: _____		*Last Name: _____ *DOB: _____	
*SSN#: _____		*DL# or ID#: _____ *Passport# (if applicable): _____ State: _____	
*Service Address: _____		Apartment/Suite: _____	
*City: _____		*State: _____ *Zip Code: _____	
*Phone#: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home		Alternate Phone#: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Email: _____		Spouse Name (if applicable): _____	

<b>Billing Information</b>	Statement Type (Please select one): <input type="checkbox"/> Paper Bill <input type="checkbox"/> E-mail
<input type="checkbox"/> Use Service Address	
*C/O First Name: _____ MI: _____ *Last Name: _____	
*Mailing Address: _____ Apartment/Suite: _____	
*City: _____ *State: _____ *Zip: _____	

<b>Payment Information</b>	<input type="checkbox"/> Use information for Automatic Bill Pay
<input type="checkbox"/> Check Amount: \$ _____ Check#: _____	Routing#: _____
<input type="checkbox"/> Credit Card (Customer Service Representative will contact you for payment)	Acct#: _____

I certify, that to the best of my knowledge, the supplied information is true, accurate and complete.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Note: No work will commence until payment of the deposit, activation/administration fee and any additional fees are paid.** Customers will be charged \$7.00 per foot for the installation of a service line if it exceeds 75 feet in length. There is an activation/administrative fee of \$45 per meter. Residential customers will have a minimum deposit of \$100 per meter.

### Office Use Only

Employee: _____	Date: _____	Subdivision: _____
Activation Fee - \$45	Deposit: \$ _____	Other Fees: \$ _____
Referred By: _____		
Request For: <input type="checkbox"/> New Service <input type="checkbox"/> Main Extension <input type="checkbox"/> Relocation <input type="checkbox"/> Reactivate Service		
Run Line Location: <input type="checkbox"/> Rt. Of Building <input type="checkbox"/> Lt. Of Building		
<b>Appliances on Gas</b>		
<input type="checkbox"/> Hot Water Heater _____ BTUs	<input type="checkbox"/> Range _____ BTUs	<input type="checkbox"/> Furnace _____ BTUs
<input type="checkbox"/> Generators _____ BTUs	<input type="checkbox"/> Dryer _____ BTUs	<input type="checkbox"/> Logs/Firepits _____ BTUs
<input type="checkbox"/> Pool/Spa Heater _____ BTUs	<input type="checkbox"/> Grill _____ BTUs	<input type="checkbox"/> Outdoor Lighting _____ BTUs
Total BTUs: _____		