

City of DeFuniak Springs  
Utility Billing Department  
Post Office Box 685

71 US Hwy. 90 W.  
DeFuniak Springs, FL 32433



Phone: 850-892-8503  
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DeFuniak Springs, FL 32435

## RENTER'S AFFIDAVIT

Please print all information except for signatures.

### To be completed by the Renter

I, \_\_\_\_\_ do hereby affirm that I am the legal occupant of the following described property: \_\_\_\_\_, DeFuniak Springs FL. I hereby authorize the utilities to be turned on and understand that I am fully responsible for all bills incurred for the use of said utilities. I further understand that I must abide by all provisions of City Ordinances that apply to the utilities being used. Copy of the City Ordinances are available at City Hall. Any violation of any utility ordinance may cause all utilities to be disconnected.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by the Owner/Landlord

I, \_\_\_\_\_ do hereby attest that my property, located at \_\_\_\_\_ has been rented to the following tenant(s): \_\_\_\_\_ as of \_\_\_\_\_.

Owner/Landlord Name: \_\_\_\_\_

Owner/Landlord Mailing Address: \_\_\_\_\_

Owner/Landlord Contact Phone Number: \_\_\_\_\_

Last Occupant Name? \_\_\_\_\_

Is this a mobile home? \_\_\_\_\_ Is property within the City Limits? \_\_\_\_\_

Is this a business? \_\_\_\_\_ Is this a restaurant? \_\_\_\_\_

If a business or restaurant, do you have a backflow preventer installed? \_\_\_\_\_

Owner/Landlord Signature: \_\_\_\_\_