

City of DeFuniak Springs

71 US Highway 90 West
Post Office Box 685
DeFuniak Springs, FL 32435



Phone: 850-892-8500
Fax: 850-892-8534
TDD: 850-892-8504

Renter's Affidavit

To be completed by Renter/Tenant:

I, _____ do hereby affirm that I am the legal occupant of the following described property: _____, DeFuniak Springs, Florida. 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. You may obtain a copy of the City ordinances from the City Hall. Any violation of any utility ordinance may cause all utilities to be disconnected.

Tenant Signature: _____ Date: _____

To be completed by Owner/Landlord:

I, _____ do hereby attest that my property located at _____, DeFuniak Springs, Florida has been rented to the following tenant(s): _____ as of _____ until _____.

Owner/Landlord Name: _____

Owner/Landlord Mailing Address: _____

Owner/Landlord Contact: _____

Owner/Landlord Email: _____

Is property within the City limits: _____ Is this a mobile home: _____

Is this a business: _____ Is this a restaurant: _____

If a business or restaurant, do you have a backflow prevention device installed: _____

Owner Signature: _____ Date: _____