

City of DeFuniak Springs

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



Phone: 850-892-8500
Fax: 850-892-8354
TDD: 850-892-8504

Owner's Affidavit

To be completed by owner:

I, _____ do hereby affirm that I am the legal owner 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.

Owner: _____ Date: _____

Owner Mailing Address: _____

Owner Contact Number: _____

Owner Email: _____

Last occupant: _____

Is this a mobile home? _____

Is this a business? _____ If so, do you have a backflow preventer? _____