



City of Jacksonville

Application for Gas Key Fob at Lake Jacksonville

First Name: _____ Last Name: _____

Lake Lot Address: _____

Phone Number: _____

Email Address: _____

Key Fob Information

Of Key Fobs requested: _____

Each Key Fob must have a unique 4-Digit PIN#. Provide first & second choices for PIN#.

Fob (1) 4-Digit PIN#: First Choice: _____ Second Choice: _____

Fob (2) 4-Digit PIN#: First Choice: _____ Second Choice: _____

Fob (3) 4-Digit PIN#: First Choice: _____ Second Choice: _____

Fob (4) 4-Digit PIN#: First Choice: _____ Second Choice: _____

Fob (5) 4-Digit PIN#: First Choice: _____ Second Choice: _____

*If more than 5 Key Fobs are requested please write your first and second choices for 4-digit PIN#'s at the end of this form.

Payment Information

You must select and complete ONE payment options below:

Option 1: AUTO DEBIT/CREDIT CARD DRAFT (Preferred method, card will be drafted next business day.) **VISA** **MASTERCARD**

Name as is appears on Debit/Credit Card: _____

Debit/Credit Card Billing Address: _____

State: _____ Zip Code: _____

Debit/Credit Card Number (16-digit): _____

Expiration (MM/YY): _____ CCV (3-4-digit code on back of card): _____

Option 2: MONTHLY BILLING (Invoices will be E-MAILED to the address on this form on the 15th day of each month. Payment is due by the 25th day of each month. Payment can be made by mail, in person, or by auto bank draft. If you choose to have your bank account drafted monthly, complete the auto bank draft section below.)

E-mail address (if different than above): _____

Option 3: AUTO BANK DRAFT (Account will be drafted on the 20th day of each month.)

Name as is appears on Bank Account: _____

Bank Routing Number (9 digit): _____

Bank Account Number: _____

Bank Name: _____

Gas Key Fob License & Use Agreement Acknowledgement

***Provide your initials by each acknowledgement**

____ I acknowledge that I have been provided a copy of the City of Jacksonville Gas Key Fob License and Use Agreement.

____ I acknowledge that I have read and agree to the terms and conditions of the City of Jacksonville Gas Key Fob License and Use Agreement.

____ I agree that I am responsible for all charges incurred from the use of the key fobs listed on this document.

Signature for financial responsibility: _____

Additional Key Fobs Requested:
