

APPLICATION FOR WATER AND/OR SEWER SERVICE BUSINESS/ASSOCIATION/ORGANIZATION



4200 Hood Road, Palm Beach Gardens, FL 33410
 PO Box 109602, Palm Beach Gardens, FL 33410
 Customer Service: (561) 627-2920
 Executive Office: (561) 627-2900
 Fax Number: (561) 656-8862

Email: custsvc@sua.com Website: www.sua.com

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| Account #: |
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| Customer #: |
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| Date Service Requested: |
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| Date Service to Begin: |
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“NON-RESIDENTIAL”

Services not otherwise specifically defined as Single family or Multi family, except single and multi family irrigation. Such service includes, but is not limited to, separately metered irrigation, commercial, industrial, guard house, boat slip, pool, recreation center, utility room and water cooled air conditioning.

“MULTI FAMILY”

All residential dwellings located in building of greater than one floor, each floor containing a separate dwelling unit or mobile homes. (Deposit refunded as credit on your bill after 25 months if the criteria for Seacoast Utility Authority’s “satisfactory pay history” has been met.

THE REQUIRED DEPOSIT IS \$ DEPOSIT IS NOT NEGOTIABLE OR TRANSFERABLE BETWEEN INDIVIDUALS, PARTNERSHIPS OR CORPORATIONS.

PLEASE PRINT OR TYPE:

PLEASE CIRCLE ONE: OWNER OR TENANT

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| D/B/A: | | |
| Name of Corporation, Business, Homeowners Association, Organization or Owner: | | |
| Service Address: | | |
| Mailing Address: | | |
| Corporation/Association Officers, Partners or Owner: | President/Owner: | Contact #: |
| | Vice-President/Co-Owner: | Contact #: |
| | Secretary/Treasurer: | Contact #: |
| Corporate Charter # (include copy): | | Fax #: |
| Driver’s License #: | | Date of Birth: |
| Email Address: | | |

EMERGENCY CONTACT (NOT AT SERVICE ADDRESS):

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| Name: | Title: |
| Address: | Relationship: |
| | Contact #: |

PLEASE MAKE CHECKS PAYABLE TO: SEACOAST UTILITY AUTHORITY

The undersigned acknowledges that service is provided subject to strict adherence to Seacoast Utility Authority’s Service Code and may be interrupted pursuant to any violation thereof. Undersigned also agrees to receive and pay for water and/or sewage disposal service in accordance with the rates, rules and regulations of the Authority until this service is formally discontinued. **A SERVICE CHARGE OF \$20.00 WILL APPEAR ON YOUR FIRST UTILITY STATEMENT FOR INITIATION OF SERVICE, OR A \$25.00 FOR AFTER REGULAR BUSINESS HOURS, WEEKENDS AND HOLIDAYS.**

BY APPLICATION, CUSTOMER RECOGNIZES THAT SEACOAST UTILITY AUTHORITY IS NOT RESPONSIBLE FOR LOSS OR DAMAGE AS A RESULT OF THE INITIATION OF SERVICE. IF YOU DO NOT INTEND TO BE PRESENT AT THE TIME WATER SERVICE IS CONNECTED, BE SURE TO HAVE ALL INSIDE AND OUTSIDE OUTLETS (FAUCETS) IN THE “OFF” POSITION.

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| Customer Signature: | Print: | Date: |
| Customer Rep: | | Deposit Receipt #: |