

APPLICATION FOR WATER AND/OR SEWER SERVICE
BY INDIVIDUAL



Seacoast Utility Authority

4200 Hood Road, Palm Beach Gardens FL 33410-2918
P O Box 109602 Palm Beach Gardens, FL 33410-9602
Customer Relations: Phone (561) 627-2920
Executive Office: Phone (561) 627-2900

Account # _____
Customer# _____
Date Service Requested: _____

Fax Number: (561) 656-8862
Email: custsvc@sua.com Web Site: www.sua.com

Date Service to Begin: _____

DEPOSIT REQUIREMENTS: Deposit will appear on your first Seacoast billing statement.

The required deposit is \$ _____ and is refunded as a credit on your bill after 25 months if the criteria for Seacoast Utility Authority's satisfactory pay history has been met.

Or:
Deposit has been waived: Reference account number _____ Direct Bank Pay _____

PLEASE READ AND VERIFY THE INFORMATION BELOW. The following information and your signature are needed to establish an account with Seacoast Utility Authority.

PLEASE PRINT OR TYPE:

Customer Name : _____ Please circle one: Owner / Tenant

Service Address : _____ Local Home Phone : _____

Mailing Address : _____ Fax Number: _____

_____ Email Address: _____

Drivers License Number/State: _____ Business Phone: _____

Date of Birth: _____ Cell Phone: _____

EMERGENCY CONTACT: (Not at service address)

Name: _____ Relationship: _____

Address: _____ Phone: _____

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. **A SERVICE CHARGE OF \$20.00 WILL APPEAR ON YOUR FIRST UTILITY STATEMENT FOR INITIATION OF SERVICE, or \$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.

Customer Signature: _____ Date: _____

Customer Rep _____ Deposit Receipt # _____