

APPLICATION FOR WATER AND/OR SEWER SERVICE BY A CORPORATION



SEACOAST UTILITY AUTHORITY

4200 Hood Road, Palm Beach Gardens FL 33410
Customer Service: (561) 627-2920
Executive Office: (561) 627-2900
FAX # (561) 656-8862

Account No. _____

Date Service Requested _____

Date Service to Begin _____

"SINGLE FAMILY"

All residential dwellings of one or more stories, limited to a single family detached unit, a duplex unit, a triplex unit, a garden apartment unit and a townhouse unit.

(# OF UNITS _____ (OWN ___ Rent ___)
(LANDLORD _____)

SINGLE METERED "MULTI FAMILY"

All residential dwellings located in building of greater than one floor, each floor containing a separate dwelling unit or mobile Homes (individually metered)

___ MOBILE HOME (OWN ___ RENT ___) OR
___ STACKED DWELLING (OWN ___ RENT ___)
(LANDLORD _____)

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 TYPE OR PRINT:

D/B/A _____

Name of Corporation, Business, Homeowners Association, Organization or Owner:

Service Address _____

Mailing Address _____

Corporation/Association Officers, Partners or Owner:

President/Owner _____

Bus. Phone _____

Vice-President/Co-Owner _____

Bus. Phone _____

Secretary/Treasurer _____

Bus. Phone _____

Corporate Charter No. (include copy) _____

Fax Number _____

Driver's License # _____

DOB _____

Emergency Contact (NOT AT SERVICE ADDRESS)

Name _____

Title _____

Address _____

Relationship _____

Phone _____

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 \$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's Signature _____

Date _____

Customer Rep _____ Deposit Receipt # _____