

APPLICATION FOR WATER AND/OR SEWER SERVICE BY INDIVIDUAL



4200 Hood Road, Palm Beach Gardens, FL 33410-2918
 Email: custsvc@sua.com
 Customer Relations Phone: (561) 627-2920
 Website: www.sua.com

Account #:

Customer #:

TENANT *Copy of lease required

Lease Start Date:

(At least 2 days business notice required)

OWNER

Closing Date:

(At least 2 days business notice required)

FOR OFFICE USE ONLY

DEPOSIT REQUIREMENTS:

	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.
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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:	Local Home Phone:
Service Address:	Cell Phone:
Mailing Address:	Would you like to receive text notifications? Yes___ No___ *message and data rates may apply
Driver's License Number/State:	Date of Birth:
Email Address:	

EMERGENCY CONTACT (NOT AT SERVICE ADDRESS):

Name:	
Relationship:	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 sewer 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 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 (FAUCETS) IN THE OFF POSITION.

Signature:	Date:
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