

Palm Beach County Water Utilities Department

Residential Application for Service

THE FOLLOWING INFORMATION IS BEING REQUESTED FOR THE PURPOSE OF
OPENING AN ACCOUNT TO PROVIDE AND BILL FOR UTILITY SERVICE.

TYPE OF RESIDENCE: House Apartment Mobile Home Condo

SERVICE ADDRESS: _____
STREET CITY ZIP

APPLICANT'S NAME: _____

The security deposit placed on this account will be refunded only to the above applicant.

MAILING ADDRESS: _____
STREET CITY / STATE ZIP

DAYTIME PHONE #: _____ EVENING PHONE # _____

EMERGENCY PHONE #: _____ E-MAIL: _____

SOCIAL SECURITY #: _____ OR DRIVER'S LICENSE #: _____

OR STATE ID #: _____ ARE YOU AN OWNER OR A TENANT? _____

PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME: _____

OWNER'S ADDRESS: _____
STREET CITY / STATE ZIP

OWNER'S PHONE # _____ E-MAIL: _____

WHEN DID YOU PURCHASE THIS PROPERTY? ____ / ____ / ____
MONTH DAY YEAR

PROPERTY CONTROL #: _____ SUB-DIVISION: _____

TENANT INFORMATION

DATE LEASE BEGAN ____ / ____ / ____ TERM OF LEASE (LENGTH) _____
MONTH DAY YEAR

I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL CHARGES AT THE ABOVE NOTED
PROPERTY. I AGREE TO PAY FOR SERVICES PROMPTLY AT THE RATES ESTABLISHED BY THE PALM
BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, AND I AGREE TO ABIDE BY PRESENT
AND FUTURE REGULATIONS RELATING TO WATER, WASTEWATER, AND/OR RECLAIMED WATER
SERVICES AS ESTABLISHED BY THE PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS.

SIGNATURE OF APPLICANT: _____ DATE: _____