

City of St. Augustine
50 Bridge St
St. Augustine, Florida 32084-4334

APPLICATION FOR TRANSFER OF WATER/SEWER SERVICE

Office Hours 7:30 A.M. – 5:00 P.M.

Monday through Friday

Phone (904) 825-1037. Fax (904) 825-1039

Please complete the following information for **transfer** of water service.

If all information is not received, this application will not be processed!

Date: _____

Name: _____

Closing Account at what address? _____

Account # _____

Opening Account at what address? _____

Mailing address if different from service address _____

City _____ State _____ Zip _____

Driver License# _____ State _____

PHOTO COPY OF LICENSE REQUIRED FOR SERVICE

Social Security# xxx-xx-_____ Date of Birth _____

(last 4 digits)

Home Telephone # _____ Business Telephone # _____

Service can be left on at both addresses for no more than 3 days.

Turn off date for account being closed _____

Turn on date for NEW account _____

Signature _____

A phone number is necessary so that we may call you back for a Credit Card number in order to pay for any bill owing on your existing account and a \$30.00 set up fee.

Any faxed application received before 11:00 am and completed by Noon Monday through Friday can receive same day service.