

# CITY OF ST AUGUSTINE

50 Bridge St  
St Augustine, Florida 32084-4334

## APPLICATION FOR RESIDENTIAL 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 water service.

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

(PLEASE PRINT CLEARLY)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

**\*PHOTO COPY OF DL REQUIRED\***

Social Security # xxx-xx-\_\_\_\_\_ Date of Birth \_\_\_\_\_

( Last 4 digits )

Home Telephone # \_\_\_\_\_ Business Telephone # \_\_\_\_\_

DATE SERVICE REQUESTED TO START \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

A phone number is necessary so that we may call you back for a Credit Card number in order to pay for a Deposit or Set up Fee or Both. If a credit check is requested, we will also call for your social security number.

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

I'm requesting a credit check through Equifax. Signature \_\_\_\_\_

**DEPOSIT \$125.00**(CAN BE WAIVED WITH CREDIT SCORE 650 OR HIGHER, LETTER OF CREDIT FROM ANOTHER UTILITY HAVING SERVICE FOR AT LEAST 2 YEARS AND STILL ACTIVE OR CLOSED WITHIN THE LAST 6 MONTHS OR AN EXISTING CUSTOMER WITH GOOD STANDING CREDIT.

**SET UP FEE \$30.00**