

**CITY OF ST AUGUSTINE**  
**7 DAY SERVICE**

**PHONE 904-825-1037**

**FAX 904-825-1039**

**APPLICATION FOR TEMPORARY WATER SERVICE**

Please complete the following information for temporary water service.  
(PLEASE PRINT)

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

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

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

Owners Name \_\_\_\_\_

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

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

Federal ID # \_\_\_\_\_

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

Social Security # XXX-XX-\_\_\_\_\_  
(LAST 4 DIGITS ONLY)

Business Name \_\_\_\_\_

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

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

**SERVICE WILL BE DISCONNECTED 7 DAYS FROM THE START DATE!**

Seven-day temporary service fee will be \$30.00 and the base water rate for 3,000 gallons of usage or less.

TOTAL FOR INSIDE CITY LIMITS WATER AND SERVICE CHARGE-\$45.89  
TOTAL FOR OUTSIDE CITY LIMITS WATER AND SERVICE CHARGE-\$49.84

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

**ACCOUNT #** \_\_\_\_\_