

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 _____

OWN _____ RENT _____

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