

_____ WATER _____ COMM
 _____ SEWER _____ RES
 _____ METER SZ. _____ M/F
 _____ IRR
 \$ _____ SECURITY DEP
 _____ SERVICE FEE
 _____ SAME DAY FEE
 _____ OVERTIME FEE
 _____ METER INSTAL
 _____ CFC/WATER
 _____ FPUA CFC
 _____ CFC/SEWER
 _____ GUAR. REV.
 _____ LATERAL
 \$ _____ **TOTAL**

ST. LUCIE COUNTY UTILITIES - P.O. BOX 728, FT. PIERCE, FL 34982

NAME _____

ACCT. # _____

SERVICE ADDRESS _____

SUBDIVISION _____ LOT _____ BLOCK _____

BILLING ADDRESS _____

EMAIL ADDRESS: _____

PHONE # _____ MOVE IN/CLOSING DATE _____

This application hereby request and authorizes the Utility to render water and/or sewage disposal services to the premises described above in accordance with the Utilities present or future rates, rules and regulations, which by reference are made a part of this contract. Applicant agrees to pay Utility promptly for such services in accordance with the established rules and regulations. CUSTOMERS DEPOSITS ARE NON NEGOTIABLE OR TRANSFERABLE.

CUSTOMER SIGNATURE _____ SOCIAL SEC/FED ID _____

NAME OF SPOUSE _____ SPOUSE SOCIAL SEC. _____

OFFICE USE ONLY

DATE RECEIVED _____ CASH _____ CHK # _____ RECEIVED BY _____