

CITY OF PORT ST. JOE, FLORIDA

APPLICATION FOR WATER, SEWER, GARBAGE SERVICE

TODAYS DATE: \_\_\_\_\_

SERVICE START DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

NEW SERVICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

HAVE YOU USED WATER SERVICE IN THE CITY/COUNTY IN THE PAST?

YES       NO

IF YES UNDER WHAT NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HOW LONG: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

(A COPY OF DRIVER'S LICENSE IS REQUIRED AND/OR SOME TYPE OF IDENTIFICATION WITH PHOTO)

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING IN SAME HOUSEHOLD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If bill is not paid by the 10<sup>th</sup> of the month, a \$10.00 late fee will be added to the delinquent bill. If payment is not received by the 20<sup>th</sup> of the month, a fee of \$35.00 will automatically be charged and service disconnected.

I have read the above statement and fully understand my responsibility as a customer of the system.

\_\_\_\_\_