

CITY OF PORT ST. JOE, FLORIDA
APPLICATION FOR WATER, SEWER, GARBAGE SERVICE

DATE: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NO. _____ WORK _____

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

YES _____ NO _____

IF YES, UNDER WHAT NAME & ADDRESS: _____

PLACE OF EMPLOYMENT: _____

HOW LONG: _____ SUPERVISOR'S NAME: _____

SOCIAL SECURITY NO. _____

DRIVER'S LICENSE NO. _____

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

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

If bill is not paid by the 10th of the month, a late fee will be added to the delinquent bill. If payment is not received by the 20th 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.

FOR OFFICE USE ONLY:

Deposit	_____	Check #	_____	Service Date	_____
Account #	_____	Meter #	_____	Receipt #	_____

Application Approved: _____

NOTE: Applications approved after 3:00 P.M. can not be assured of same day service.

Mail back to:

City of Port St. Joe
P.O. Box 278
Port St. Joe, Florida 32457