



# CITY OF PORT ST. JOE, FLORIDA

305 Cecil G. Costin, Sr. Blvd.

P.O. Box 278

Port St. Joe, FL 32457

[www.cityofportstjoe.com](http://www.cityofportstjoe.com)

Phone 850-229-8261 Fax 850-227-7522

## APPLICATION FOR WATER, SEWER, GARBAGE SERVICE

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

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER CONTACT (Family/Friend) \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

OWNER:  YES  NO RENTER ONLY: LANDLORD NAME: \_\_\_\_\_

LANDLORD PHONE: \_\_\_\_\_

\*\*\* IS THIS ADDRESS GOING TO BE USED AS A SHORT-TERM/VACATION RENTAL?  YES  NO

IF YES, PLEASE INQUIRE ON LICENSE AND ZONING REQUIREMENTS BEFORE START OF SERVICE

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)

**If bill is not paid by the 10<sup>th</sup> of the month by 5:00 PM, 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 by 5:00 PM, a fee of \$35.00 will automatically be charged and service disconnected.**

**Service will be connected once customer is reviewed and found to be in good standing with the City of Port St. Joe. If a past due balance is owed, service WILL NOT be connected until the outstanding debt is satisfied.**

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

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return completed applications to City Hall in person, by mail or email [ykennington@psj.fl.gov](mailto:ykennington@psj.fl.gov) or [hbailey@psj.fl.gov](mailto:hbailey@psj.fl.gov)

### FOR OFFICE USE ONLY:

Customer Account #: \_\_\_\_\_ [ ] Service Order [ ] Grinder Pump

Customer I.D.: \_\_\_\_\_ [ ] Deposit [ ] Impact Fees

Receipt Number \_\_\_\_\_ [ ] Trash [ ] Scanned

## IMPORTANT INFORMATION FOR GRINDER PUMP OWNERS

### PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS

You have or you are about to have a sewer system known as a low-pressure force main with a grinder pump. This is a very reliable system as long as a few simple precautions are taken.

Wastewater from your house empties into a tank buried in the ground. There is a pump inside the tank that grinds up human wastes and pumps it under pressure to the street into a larger pipe that takes it to the wastewater treatment plant.

There are certain objects that cannot be flushed through the system and more importantly through the grinder pump. Those objects are GREASE, glass, metal including razor blades, plastics such as toys and utensils, sanitary napkins or tampons, GREASE, seafood shells, fish scales, diapers, GREASE, rags, clothing of any kind, and GREASE. In addition, you must **NEVER** introduce explosives, flammable material, oil, strong chemicals to include strong household chemicals, or gasoline.

Any of these materials may cause the pump to fail and it may not be covered under warranty. Grease is the biggest culprit because it is so easy to pour a little down the drain and think nothing of it. Grease sticks to the float switches, hardens and does not allow the pump to cycle. This will cause your system backup and cost you to have it cleaned and put back into service.

During temporary power outages, be aware that your pump will not operate. There should be enough reserve in the tank for adequate toilet flushing but you should refrain from other water needs until power is restored.

If you have any questions concerning the operation and maintenance of your grinder pump, please call the City of Port St. Joe, Public Works Department at (850) 229-8247.

Customer: \_\_\_\_\_  
Please Print

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

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**CITY OF PORT ST. JOE  
AUTOMATIC BANK DRAFT AUTHORIZATION**

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

**Utility Account#** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Financial Institution Information**

**Bank:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

***PLEASE VERIFY WITH YOUR FINANCIAL INSTITUTION FOR THE CORRECT ACCOUNT NUMBER TO BE USED FOR ACH TRANSACTIONS, AS IT MAY BE DIFFERENT FROM YOUR REGULAR CHECKING ACCOUNT OR MEMBER ACCOUNT NUMBER.***

I authorize the above named financial institution to charge my account the amount of any City of Port St. Joe utility bill and to make the deduction payable to the order of the City of Port St. Joe. In making this authorization I agree that each payment shall be the same as if it were an instrument personally signed by me. I understand that the draft date shall be at least 7 days after the billing date. This authority is to remain in effect until revoked by either of the undersigned in writing with a 30-day notice or until the referenced utility account is closed. I also understand that both the financial institution and the City of Port St. Joe reserve the right to terminate this payment plan, or my participation within, at any time.

**Signature** \_\_\_\_\_  
(as it appears on bank Acct)

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

\*\*\*\*\*ATTACH VOIDED CHECK OR DEPOSIT SLIP\*\*\*\*\*