



CITY OF PORT ST. JOE, FLORIDA

305 Cecil G. Costin, Sr. Blvd.

P.O. Box 278

Port St. Joe, FL 32456

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)

**** There will be a 3% fee for any payments made by credit card.****

If bill is not paid by the 10th 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 20th 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: vkennington@psj.fl.gov tmiller@psj.fl.gov ebrown@psj.fl.gov

FOR OFFICE USE ONLY:

Customer Account #: _____ [] Service Order [] Grinder Pump

Customer I.D.: _____ [] Deposit [] Impact Fees

Receipt Number _____ [] Trash [] Scanned