Palm Beach County Water Utilities Department Residential Application for Service

The following information is being requested for the purpose of opening an account to provide and bill for utility service.

Applicant Information

TYPE OF RESIDENCE:	House Apartment	Mobile Home Cond	dominium
APPLICANT'S NAME:			
SERVICE ADDRESS:			
Street		City/State	Zip
MAILING ADDRESS:			
Street		City/State	Zip
DAYTIME PHONE:	E	EVENING PHONE:	
EMERGENCY PHONE:	E	MAIL:	
SOCIAL SECURITY #:	0	OR DRIVER'S LICENSE #:	
OR STATE I.D. #:	0	DR PASSPORT #:	
OWN/RENT THIS PROPERTY		ENT	
	Property Own	ner Information	
PROPERTY OWNER'S NAME	.i		
OWNER'S ADDRESS:			
Street		City/State	Zip
OWNER'S PHONE:	E	MAIL:	
WHEN DID YOU PURCHASE	THIS PROPERTY?/		
	Month	Day Year	
NAME OF ASSOCIATION/ SU	JB-DIVISION:		
	Tenant I	nformation	
Date Lease Began:/	/ Term of Lease	(Length):	
The security dep	osit placed on this accour	nt will be refunded only to th	ne account holder.
		f all charges at the above se	
		de by present and future rat	
		ater services as established i	
	ed by the Palm Beach Cou	unty Board of County Commi	issioners.
SIGNATURE OF			
APPLICANT:	ICIGOI	Date:	
Return	this form to Palm Beach	County Water Utilities Department	artment:
In Person- Central:	In Person- Western:	By Mail:	By Overnight Delivery:
PBCWUD	PBCWUD	PBCWUD	PBCWUD
9045 Jog Road	2976 State Rd. 15	PO Box 24740	9045 Jog Road
Boynton Beach, FL 33437	Belle Glade, FL 33430	W. Palm Beach, FL 334	16 Boynton Beach, FL 33437