

# 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	Condominium
APPLICANT'S NAME:	_____			
SERVICE ADDRESS:	_____			
	Street		City/State	Zip
MAILING ADDRESS:	_____			
	Street		City/State	Zip
DAYTIME PHONE:	_____	_____	_____	_____
EMERGENCY PHONE:	_____	_____	_____	_____
SOCIAL SECURITY #:	_____	_____	_____	_____
<b>OR</b> STATE I.D. #:	_____	_____	_____	_____
	_____	_____	_____	_____
OWN/RENT THIS PROPERTY:	OWN	RENT		

## Property Owner Information

PROPERTY OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

Street City/State Zip

OWNER'S PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WHEN DID YOU PURCHASE THIS PROPERTY? \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Day Year

NAME OF ASSOCIATION/ SUB-DIVISION: \_\_\_\_\_

## Tenant Information

Date Lease Began: \_\_\_/\_\_\_/\_\_\_ Term of Lease (Length): \_\_\_\_\_

***The security deposit placed on this account will be refunded only to the account holder.***

***I understand I am responsible for prompt payment of all charges at the above service address, in addition to collection fees for any unpaid balance. I agree to abide by present and future rates, regulations, policies and procedures for water, wastewater, and reclaimed water services as established in the Uniform Policies and Procedures Manual approved by the Palm Beach County Board of County Commissioners.***

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return this form to Palm Beach County Water Utilities Department:**

### In Person- Central:

PBCWUD  
9045 Jog Road  
Boynton Beach, FL 33437

### In Person- Western:

PBCWUD  
2976 State Rd. 15  
Belle Glade, FL 33430

### By Mail:

PBCWUD  
PO Box 24740  
W. Palm Beach, FL 33416

### By Overnight Delivery:

PBCWUD  
9045 Jog Road  
Boynton Beach, FL 33437