

# Palm Beach County Water Utilities Department

## Non-Residential Application for Service

THE FOLLOWING INFORMATION IS BEING REQUESTED FOR THE PURPOSE OF  
OPENING AN ACCOUNT TO PROVIDE AND BILL FOR UTILITY SERVICE.

SERVICE ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

NAME OF BUSINESS: \_\_\_\_\_  
*The security deposit placed on this account will be refunded only to the above applicant.*

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY /STATE ZIP

DAYTIME PHONE #: \_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FEDERAL TAX I.D.: \_\_\_\_\_ STATE TAX I.D.: \_\_\_\_\_

OCC. LIC #: \_\_\_\_\_ DO YOU OWN OR LEASE YOUR BUSINESS LOCATION? \_\_\_\_\_

### PROPERTY OWNER INFORMATION

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

OWNER'S ADDRESS: \_\_\_\_\_  
STREET CITY /STATE ZIP

OWNER'S PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WHEN DID YOU PURCHASE THIS PROPERTY? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

PROPERTY CONTROL #: \_\_\_\_\_ SUB-DIVISION: \_\_\_\_\_

### TENANT INFORMATION

DATE LEASE BEGAN \_\_\_\_/\_\_\_\_/\_\_\_\_ TERM OF LEASE (LENGTH) \_\_\_\_\_  
MONTH DAY YEAR

I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL CHARGES AT THE ABOVE NOTED  
PROPERTY. I AGREE TO PAY FOR SERVICES PROMPTLY AT THE RATES ESTABLISHED BY THE PALM  
BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, AND I AGREE TO ABIDE BY PRESENT  
AND FUTURE REGULATIONS RELATING TO WATER, WASTEWATER, AND/OR RECLAIMED WATER  
SERVICES AS ESTABLISHED BY THE PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_