St. Johns County Board of County Commissioners

UTILITY DEPARTMENT Customer Service PO Drawer 3006 SAINT AUGUSTINE, FLORIDA 32085-3006



Phone: (904) 209-2700 Fax: (904) 209-2718 Email: utiltch@sjcfl.us

NEW TAP REQUEST

All tap requests must be approved by SJCUD Engineering before fees can be assessed. Once approved, please allow a minimum of 72 hours for processing/invoicing.

Date:	Service A	Address:		
Subdivision:		Lot Number:	Parcel Number:	
Phase Number:		Number of Units:	Meter Size:	
Residential: Multi-Family:		ılti-Family:		
Water:	Sewer:	Reuse:		
Account Ho	lder Name:			
Mailing Add	dress:		Apt./Ste. Number:	
	City:	State:	Zip Code:	
Primary Phone Number:		Secon	Secondary Phone Number:	
Contact Name:		Email Addres	Email Address:	
Tax ID/EIN	(Business Use Only)			
Driver Lice	nse Number (Residen	tial Use Only):		
Driver License State of Issue:		Last Four of	SSN:	
Signature:			Date:	
	-	th lot number and address vi Il additional trips to place me	sible prior to meter placement. An additional ters.	
apparatus for	r the meter reading is r	• •	a new water tap, if any part of the box, meter, lid, or nt holder will be charged for all fees associated with rvice Charge.	
the Account			rom a neighboring site without written approval from nitted to the Utility Department for approval prior to	
	ffice Use Only: ustomer Number:		Location Number:	