

## St. Johns County Board of County Commissioners

Utility Department – Customer Service

PO Drawer 3006, St. Augustine, FL 32085-3006 P: 904.209.2700 | F: 904.209.2718 | utilbill@sjcfl.us

## **BUSINESS APPLICATION FOR WATER/SEWER**

Office Hours: 7:30 AM – 4:30 PM Monday through Friday - No Weekend Service
Required \$100.00 Deposit. Please Complete Authorization Agreement for Payment of Deposit from Credit Card
Form

| Business Name: |                                   |                  |                     | Date:                                       |
|----------------|-----------------------------------|------------------|---------------------|---|
| City:          | Please Check Appropriate Box:     | Residential      | Multi-Family        | Suite/Unit Number: Zip Code:                |
| Mailing Addres | s (Only if Different from Service | Address):        |                     |   |
| Street:        |                                   |                  |                     | Apt. Number:                                |
| City: _        |                                   |                  | State:              | Zip Code:                                   |
| Tax ID/EIN (RI | EQUIRED):                         |                  |                     |   |
| Contact Name:  |                                   |                  |                     |   |
| Primary Phone: |                                   |                  | Secondary Phone: _  |   |
| Email Address: |                                   |                  |                     |   |
|                | Date Service R                    | Required to Star | t:                  |   |
| Deposit made   | •                                 |                  | ,                   | ice. If deposit is received after 12:00 PM, |
|                | service will  A New Service Ch    |                  | he following busine | ·   |
|                | A New Service Cir                 | arge of \$50.00  | will be applied to  | the mst bin.                                |
| Name           |                                   | Signature        |                     | Date  |
|                |                                   | Office U         | se Onl <u>y</u>     |   |
| Customer Num   | ber                               |                  | Location Number     |   |