

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

Please call Customer Service for required deposit amount. Please Complete Authorization Agreement for

Payment of Deposit from Credit Card Form

Business Name:			Date:	
	: Please Check Appropriate Box: 1	Residential Multi-l	Suite/Unit Number: Family Zip Code:	
	iling Address (Only if Different f		·	
Street:			Apt. Number:	
City: _		State:	Zip Code:	
Tax ID/EIN (RI	EQUIRED):			
Contact Name:				
Required Primary Phone:			Secondary Phone:	
Email Address:				
	Date Service Re	equired to Start:		
Deposit made			lay service. If deposit is received after 12:00 PM,	
		ommence on the following	•	
	ATTICW SCIVICE CHA	ige of \$50.00 will be app	ned to the first bill.	
Name		Signature	Date	
		Office Use Only		
Customer Numl	per	Location Nu	mber	