



City of Deerfield Beach Water Utilities Department

150 NE 2nd Ave, Deerfield Beach, FL 33441

954.480.4279 opt 2

www.deerfield-beach.com

Application for Service

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

TYPE OF STRUCTURE: HOUSE APARTMENT MOBILE HOME CONDO OTHER

SERVICE ADDRESS: _____
STREET CITY ZIP

APPLICANT'S NAME: _____

The security deposit placed on this account will be refunded only to the above applicant.

MAILING ADDRESS: _____
STREET CITY ZIP

DAYTIME PHONE #: _____ EVENING PHONE #: _____

EMERGENCY PHONE #: _____ EMAIL: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

OR STATE ID #: _____ ARE YOU AN OWNER OR TENANT? _____

PREVIOUS ADDRESS: _____

PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME: _____

OWNER'S ADDRESS: _____
STREET CITY ZIP

OWNER'S PHONE #: _____ EMAIL: _____

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 CITY OF DEERFIELD BEACH, AND I AGREE TO ABIDE BY PRESENT AND FUTURE REGULATIONS RELATING TO WATER, WASTEWATER, AND/OR RECLAIMED WATER SERVICES AS ESTABLISHED BY THE CITY OF DEERFIELD BEACH.

SIGNATURE OF APPLICANT: _____ DATE: _____