BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
BUSINESS OPERATIONS DIVISION
2555 WEST COPANS ROAD, BLDG. 1
POMPANO BEACH, FL 33069
(954) 831-3250 ● water@broward.org

☐ ATTACHED:
① PHOTO ID (S)
② SUPP DOCS
By _____
Date _____

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

(1) APPLICANT INFORMATION

TYPE OF RESIDENCE: ☐ House ☐ Apartment ☐ Mobile Home ☐ Condo ☐ Other _____

APPLICANT'S NAME: _____

REPRESENTATIVE'S NAME (if applicable): _____

PHOTO ID: APPLICANT: _____ (_____) _____
TYPE STATE NUMBER

REP. (if applicable): _____ (_____) _____
TYPE STATE NUMBER

PROPERTY ADDRESS: _____
STREET CITY STATE ZIP + 4

MAILING ADDRESS: _____
☐ **SAME AS ABOVE** STREET CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____ ENROLL IN E- STATEMENTS ☐ YES ☐ NO

(2) PROPERTY OWNER INFORMATION

☐ PROPERTY OWNERSHIP DOCUMENT ATTACHED

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____
STREET CITY STATE ZIP + 4

MAILING ADDRESS: _____
STREET CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____

DATE OF PURCHASE: _____ FOLIO NO: _____ SUB-DIVISION: _____
MONTH / DAY / YEAR

(3) LEASE AGREEMENT (TENANT) INFORMATION

☐ LEASE AGREEMENT/OWNER LETTER ATTACHED

DATE LEASE STARTS: _____ DATE LEASE ENDS: _____ LENGTH: _____
MONTH / DAY / YEAR MONTH / DAY / YEAR

APPLICANT AGREEMENT: I AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY BROWARD COUNTY WATER AND WASTEWATER SERVICES. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, BROWARD COUNTY ORDINANCES AND REGULATIONS, AND BROWARD COUNTY WATER AND/ OR WASTEWATER SERVICES PROCEDURES AND GUIDELINES.

APPLICANT UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

X _____ **DATE** _____

FOR INTERNAL USE ONLY:

_____ _____ _____ **$**_____ _____
CUSTOMER NO. **UAZ** **PREMISE NO.** **SECURITY DEPOSIT** **CS REP**