



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES
 P.O. BOX 619002
 POMPANO BEACH FL 33061-9002
 (954)831-3250

THE FOLLOWING INFORMATION IS BEING REQUESTED FOR THE PURPOSE OF OPENING AN ACCOUNT TO PROVIDE AND BILL FOR WATER AND/OR WASTEWATER SERVICE.

COMMERCIAL APPLICATION

SERVICE ADDRESS: _____
STREET CITY STATE ZIP + 4

NAME OF BUSINESS: _____ TYPE OF BUSINESS: _____

BUSINESS OWNER'S NAME: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP + 4

DAYTIME PHONE # _____ EMERGENCY PHONE # _____

CONTACT PERSON: _____ E-MAIL ADDRESS: _____

TAX ID # _____ OCCUPATIONAL LICENSE # _____

DO YOU OWN OR LEASE YOUR BUSINESS LOCATION?: _____

PROPERTY OWNER INFORMATION

PROPERTY OWNERS NAME: _____

OWNER'S ADDRESS: _____
STREET CITY STATE ZIP + 4

OWNER'S PHONE NUMBER _____ E-MAIL ADDRESS _____

WHEN DID YOU PURCHASE THIS PROPERTY _____ / _____ / _____
MONTH DAY YEAR

FOLIO NUMBER _____ 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 BROWARD COUNTY WATER AND WASTEWATER SERVICES. I AGREE TO ABIDE BY PRESENT AND FUTURE WATER AND/OR WASTEWATER REGULATIONS ESTABLISHED BY THE BOARD OF COUNTY COMMISSIONERS.

NOTICE

****THE SECURITY DEPOSIT PLACED ON THIS ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE.**

APPLICANTS SIGNATURE: _____ DATE: _____

WWS USE:

CUSTOMER# UAZ PREMISE DEPOSIT CLERK