BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES
P.O. BOX 619002
POMPANO BEACH FL 33061-9002
(954)831-3250 FAX (954)831-0789

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

RESIDENTIAL APPLICATION

TYPE OF RESIDENCE: House____ Apartment____ Mobile Home____ Condo____

SERVICE ADDRESS: _____
STREET CITY STATE ZIP + 4

**APPLICANT'S NAME: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP + 4

DAYTIME PHONE #_____EVENING PHONE # _____

EMERGENCY PHONE #_____E-MAIL ADDRESS: _____

SOCIAL SEC #_____ DRIVER'S LICENSE #_____

ARE YOU AN OWNER OR A TENANT? _____

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.**

SIGNATURE OF APPLICANT_____

WWS USE:

CUSTOMER#	UAZ	PREMISE	DEPOSIT	CLERK