

APPLICATION FOR WATER SERVICE – New Account
TOWN OF JUPITER UTILITIES
210 MILITARY TRL, JUPITER FL 33458

FOR OFFICE USE ONLY

CUSTOMER ID _____ **LOCATION ID** _____ **DATE** _____

Deposit Amount: \$ _____ Disposal Fee: \$ _____

Please read and complete the information below. Indicate exactly how you would like the name on the account. Be sure to provide the service address and the mailing address if you wish your bill sent to an address other than the service location. The following information is needed to establish an account with the Town of Jupiter Utilities.

PLEASE PRINT LEGIBLY

Please Check One: **Residential** _____ **Commercial** _____ **Multi Family** _____

Service Address: _____ City: _____ Zip: _____

Customer Name: _____

If Commercial - Name of Business: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Local Home Phone (____) _____ Cell Phone: (____) _____ Business Phone: (____) _____

Number of Living Units if Multi-Family? _____ How many persons in this household? _____ (Optional)

_____ It shall be the Customer's/Property Owner's obligation to furnish accurate information on all metered services provided by the Town including, but not limited to, residential air conditioned square footage, commercial leased square footage, all commercial property uses and residential and commercial irrigation demands which accurately describe the service required or the number of ERCs required on the property. Increases in the number of ERCs required for the property beyond those which are currently reserved shall require additional capacity reservation and the payment of connection fees and other related fees consistent with the additional reservation or ERC requirement.

Current square footage or ERCs reserved is _____ or gallons per day equal to _____

Does any person(s) in your household have a disability or require special care? Yes _____ No _____

If yes please explain _____

Driver's License No. or other Photo ID **Copy Required:** _____

Date Service to Begin: _____ (At least 24 hour notice is requested, subject to availability of schedule)

[] Owner Purchase Date _____ or [] Tenant Lease Date: _____

If Lease, Landlords Name: _____

Landlord's Mailing Address: _____

Landlord's Phone Number (____) _____

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Do you currently or have you had service with our utility in the past 24 months? Yes _____ No _____

If yes, please provide service address or account number _____

Does this property have an in-ground lawn irrigation system? Yes _____ No _____

If yes, what water source does the system use? Town _____ Well _____ Reuse _____ Other _____

Security Deposit Requirements: A security deposit is required to establish a new account with the Utility. The deposit is not negotiable or transferable between individuals. Deposits are credited on the account after sixty months of an excellent payment record. Interest is accrued and paid annually at a rate approved by the Town of Jupiter Town Council. Upon establishment of an excellent payment record and continued service with the utility a new deposit is not required to transfer service in the same customer name at another location within the utility’s service area. The Utility reserves the right to require a new deposit or increase a deposit amount due to an unsatisfactory payment record.

_____ By this application, customer recognizes that the Town of Jupiter Utilities shall not be responsible for loss or damage as a result of initiation of service. If customer does not intend to be present at the time water service is connected (should service be off), customer shall insure that all inside and outside outlets (faucets) and valves are in the off position. Unfortunately we are unable to provide the exact time of service connection however, this will be done during regular business hours only.

**Please make check payable to: Town of Jupiter
VISA, MasterCard and American Express are accepted over the phone and at our payment counter only.**

Signature: _____ Date: _____

Owner [] Tenant [] If agent, Print Name: _____ Phone: (_____) _____

***** A \$15.00 ACCOUNT PROCESSING FEE WILL BE BILLED ON THE FIRST BILL *****

**Please return completed form by mailing to: PO BOX 8900, JUPITER FL 33468-8900 or
Fax completed form to: (561) 741-2539 or
Contact our Customer Service Representatives at (561) 741-2300**