



**CONSUMER APPLICATION FOR WATER FILL STATION
TOWN OF JUPITER UTILITIES
210 MILITARY TRAIL, JUPITER, FL 33458**

FOR OFFICE USE ONLY

CUSTOMER # _____ **ACCOUNT #** _____ **DATE** _____

A legible copy of Customer's photo ID is required with application

Please read and verify the information below. Indicate exactly how you would like the name on the utility account. The following information is required to establish an account with the Town of Jupiter Utilities.

PLEASE PRINT LEGIBLY

Customer's Information

Company Name: _____

Contact Name: _____

Has customer ever had an account with Jupiter Utilities? Yes ____ No ____

If yes, please print name, service address, or account number: _____

Billing Address: _____

City: _____ State: _____ Zip _____

Email address: _____

Primary Phone: (____) _____ (Text? Y____ N____) Secondary Phone: (____) _____ (optional)

Other Phone: (____) _____ (note: only Primary Phone can be used by the Town to send text messages)

Identification # / Driver's License #: _____ State: _____

Business License # _____ FEIN # _____

Only those registered with the Town will be permitted to use the water filling station. Please remember to return the hose to the ground before driving off when filling at the station.

The undersigned acknowledges that utility services are provided subject to strict adherence to the Town of Jupiter's Code of Ordinances for utility services and such services may be interrupted pursuant to any violation thereof. The undersigned understands that they are fully responsible for all charges billed by the Town. The undersigned agrees to pay for services promptly at the rates established by the Town of Jupiter and agrees to abide by present and future regulations relating to utility service, including but not limited to water, stormwater and/or garbage services, as applicable, as established by the Town of Jupiter. By my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

**Return completed application form to: WINFO@jupiter.fl.us or PO BOX 8900 JUPITER FL 33468-8900
For questions, contact Customer Service at (561) 741-2300, option #2**