



Palm Beach County Water Utilities Department

Non-Residential Application for Service

The following information is being requested for the purpose of opening an account to provide and bill for utility service.



Business Applicant Information

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

BUSINESS OWNER'S NAME: _____

SERVICE ADDRESS: _____

Street City/State Zip

MAILING ADDRESS: _____

Street City/State Zip

DAYTIME PHONE: _____ EVENING PHONE: _____

CONTACT PERSON: _____ EMAIL: _____

FEDERAL TAX I.D. #: _____ STATE TAX I.D. #: _____

OCCUPATIONAL LICENSE #: _____

OWN/LEASE THIS BUSINESS (check one): OWN LEASE

Property Owner Information

PROPERTY OWNER'S NAME: _____

OWNER'S ADDRESS: _____

Street City/State Zip

OWNER'S PHONE: _____ EMAIL: _____

WHEN DID YOU PURCHASE THIS PROPERTY? ____ / ____ / ____
Month Day Year

PROPERTY CONTROL NUMBER: _____ SUB-DIVISION: _____

Tenant Information

Date Lease Began: ____ / ____ / ____ Term of Lease (Length): _____

The security deposit placed on this account will be refunded only to the account holder.

I understand I am responsible for prompt payment of all charges at the above service address, in addition to collection fees for any unpaid balance. I agree to abide by present and future rates, regulations, policies and procedures for water, wastewater, and reclaimed water services as established in the Uniform Policies and Procedures Manual approved by the Palm Beach County Board of County Commissioners.

SIGNATURE OF

APPLICANT: _____ Date: ____ / ____ / ____

Return this form to Palm Beach County Water Utilities Department:

In Person- Central:

PBCWUD
9045 S. Jog Road
Boynton Beach, FL 33472

In Person- Western:

PBCWUD
2976 State Rd. 15
Belle Glade, FL 33430

By Mail:

PBCWUD
PO Box 24740
W. Palm Beach, FL 33416

By Overnight Delivery:

PBCWUD
9045 S. Jog Road
Boynton Beach, FL 33472