



# Seminole Improvement District

4001 Seminole Pratt-Whitney Road, Westlake, FL 33470  
561-790-1742 [www.seminoleimprovementdistrict.com](http://www.seminoleimprovementdistrict.com)

## RESIDENTIAL

## WATER-SEWER-REUSE SERVICE

## HOMEOWNER

- WATER / SEWER / REUSE SERVICE IS REQUIRED FOR ALL RESIDENTIAL ACCOUNTS. A **\$130 DEPOSIT** OPENS THE ACCOUNT AND IS REFUNDABLE AFTER TWELVE (12) CONSECUTIVE MONTHS OF SATISFACTORY BILLING.
- MAKE CHECKS PAYABLE TO: **SEMINOLE IMPROVEMENT DISTRICT**.
- ACCOUNTS ARE CHARGED A NON-REFUNDABLE **\$25** START-UP / TRANSFER FEE THAT WILL APPEAR ON THE FIRST WATER BILL.
- PROOF OF OWNERSHIP OR A SIGNED LEASE MUST ACCOMPANY THIS APPLICATION.
- SID IS NOT RESPONSIBLE FOR LOSS OR DAMAGE RESULTING FROM STARTING SERVICE. **ALL INSIDE AND OUTSIDE OUTLETS (FAUCETS) MUST BE OFF WHEN SERVICE IS CONNECTED.**

### SERVICE ADDRESS (Please Print)

Number	Street	City	ZIP
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PROPERTY PURCHASE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

CUSTOMER NAME: \_\_\_\_\_  
Last First Middle Initial

BILLING ADDRESS: \_\_\_\_\_  
(If different than above.) Number Street City State ZIP

CUSTOMER PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OWNER OR TENANT: \_\_\_\_\_

### PROPERTY OWNER INFORMATION (IF DIFFERENT THAN ABOVE.)

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_  
Number Street City ZIP

OWNER PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TENANT INFORMATION

DATE LEASE BEGAN: \_\_\_\_/\_\_\_\_/\_\_\_\_ TERM OF LEASE (LENGTH): \_\_\_\_\_  
: MM DD YYYY

### CUSTOMER INFORMATION and AGREEMENT

*I understand I am responsible for prompt payment for all the utility service charges rendered to the address listed above including any collection fees associated with unpaid balances. I agree to abide by current and future rates, regulations, policies and procedures for potable, waste, and reuse water services as established by the governing Boards of both SID and the City of Westlake.*

CUSTOMER SIGNATURE: \_\_\_\_\_  
**Accounts will not be opened without signature, identification and proof of ownership.**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

OFFICE USE ONLY	
CUSTOMER NUMBER	_____
WATER METER NUMBER	_____
WATER METER MIU NUMBER	_____
WATER METER READING	_____ DATE _____ MM/DD/YYYY
REUSE METER NUMBER	_____
REUSE METER MIU	_____
REUSE METER READING	_____ DATE _____ MM/DD/YYYY
PAID	_____
MM/DD/YYYY	REV 1/10/2018