



Seminole Improvement District

4001 Seminole Pratt-Whitney Road, Westlake, FL 33470
561-790-1742 www.seminoleimprovementdistrict.com

NONRESIDENTIAL

REUSE WATER SERVICE

OWNER/TENANT

- A **\$20 DEPOSIT** IS REQUIRED TO OPEN THIS ACCOUNT. MAKE CHECKS PAYABLE TO: **SEMINOLE IMPROVEMENT DISTRICT**. THE DEPOSIT PORTION IS REFUNDABLE AFTER TWELVE (12) CONSECUTIVE MONTHS OF SATISFACTORY BILLING HISTORY.
- A NON-REFUNDABLE **\$25 SERVICE INITIATION/TRANSFER FEE** WILL APPEAR ON YOUR FIRST UTILITY STATEMENT.
- PROOF OF OWNERSHIP OR A SIGNED LEASE MUST ACCOMPANY THIS APPLICATION.
- SID IS NOT RESPONSIBLE FOR LOSS OR DAMAGE RESULTING FROM SERVICE STARTS. 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 TEL: _____ EMERGENCY TEL: _____

EMAIL: _____ OWNER OR TENANT _____

PROPERTY OWNER INFORMATION (IF DIFFERENT THAN ABOVE.)

OWNER NAME: _____

OWNER ADDRESS: _____
Number Street City ZIP

OWNER PHONE: _____ EMAIL: _____

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: _____

OFFICE USE ONLY	
CUSTOMER No.	_____
PIF	_____ MM/DD/YYYY
METER NUMBER	_____
METER READING	_____ DATE _____ MM/DD/YYYY
MIU No.	_____

Accounts will not be opened without signature, identification and proof of ownership.

DATE: ____/____/____
MM DD YYYY