



Seminole Improvement District

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

NONRESIDENTIAL

WATER and SEWER SERVICE APPLICATION

CONTRACTOR

- SUBMIT THIS COMPLETED APPLICATION WITH PROOF OF OWNERSHIP. CHARGES AND FEES WILL BE DETERMINED DURING STAFF REVIEW.
- ALL CHARGES AND FEES LISTED IN THE BOX BELOW MUST BE PAID BEFORE WATER SERVICE IS ACTIVATED. EACH LISTED CHARGE IS BASED ON ESTABLISHMENT TYPE AND ESTIMATED WATER USAGE.
- SEMINOLE IMPROVEMENT DISTRICT 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)

WESTLAKE

Number	Street	City	State	ZIP
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Type or Kind of Establishment (Describe Usage)

CUSTOMER NAME: _____

Last	First	Middle Initial
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BILLING ADDRESS: _____

(If different than above.)

Number	Street	City	State	ZIP
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CUSTOMER TELEPHONE: _____ EMERGENCY TELEPHONE: _____

EMAIL: _____ OWNER OR TENANT _____

O or T

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 Seminole Improvement District and the City of Westlake.

CUSTOMER SIGNATURE: _____

OFFICE USE ONLY	
CAPITAL CONTRIBUTION CHARGE	\$ _____
AGRF WATER FEE	\$ _____
AGRF WASTEWATER FEE	\$ _____
METER SIZE _____ METER CHARGE	\$ _____
ACCOUNT SETUP CHARGE	\$ _____
TOTAL START-UP COST	\$ _____
CUSTOMER No. _____	
PAYMENT _____ / ____ / ____ / ____ / ____	
	MM/DD/YYYY

Accounts will not be activated without IDENTIFICATION, PROOF-OF-OWNERSHIP, AND A SIGNATURE.

DATE: _____ / _____ / _____

MM DD YYYY