



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 (IF APPLICABLE) SERVICE IS REQUIRED FOR ALL RESIDENTIAL ACCOUNTS. BRING A COMPLETED APPLICATION, PROOF OF OWNERSHIP (OR A SIGNED LEASE) AND PAYMENT TO THE DISTRICT OFFICE.
- **\$165.00 IS NEEDED TO OPEN YOUR ACCOUNT.** (ONE TIME START UP FEE OF \$25.00. THE \$140.00 DEPOSIT BECOMES A REFUNDABLE CREDIT AFTER TWELVE (12) CONSECUTIVE MONTHS OF SATISFACTORY PAYMENT HISTORY. MAKE CHECKS PAYABLE TO: **SEMINOLE IMPROVEMENT DISTRICT**. CREDIT/DEBIT CARDS (NOT AMERICAN EXPRESS) ARE ACCEPTED.
- 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)      House Number      Street Name      Development      Lot Number

PROPERTY PURCHASE DATE: \_\_\_\_\_       Owner     Tenant     New Home     Existing Home

CUSTOMER NAME: \_\_\_\_\_      EMAIL: \_\_\_\_\_  
Last      First      MI

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

BILLING ADDRESS: \_\_\_\_\_  
(If Different Than Above)      House Number      Street Name      City      State      ZIP

**PROPERTY OWNER INFORMATION (IF DIFFERENT THAN ABOVE)**

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

OWNER ADDRESS: \_\_\_\_\_  
House Number      Street Name      City      State      ZIP

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

**TENANT INFORMATION**

DATE LEASE BEGAN: \_\_\_\_\_      TERM OF LEASE (LENGTH): \_\_\_\_\_

**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: \_\_\_\_\_      Date \_\_\_\_\_

CUSTOMER NUMBER _____	Payment \$ _____	Ref # _____
WATER METER NUMBER _____	MIU NUMBER _____	Start Read _____
REUSE METER NUMBER _____	MIU NUMBER _____	Start Read _____