

Application for Water Service

Town of Medley Utilities Department
7777 NW 72 Ave • Medley, FL 33166 • 305-887-9541 Ext.107
www.TownofMedley.com

This application is for Residential, Commercial, Government and Church/Non-Profit customers requesting to initiate a new water service account (s) or establish additional service. Please complete all blanks. Incomplete forms may delay the application process or result in the denial of service.

Select the account type you	wish to establish: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	tesidential	□ Commercia	ı ⊔ Governn	nent ⊔ Chu	rch/Non-Profit	
Foday's Date:	Requested Date for S	Service:					
Name on Account:	Driver's License #:			State Issued:			
Service Address:		City:		State:	_ Zip:		
Day Phone #:	Evening Phone #:		F	ax #:			
Email Address:			Paper	less Billing?	□Yes □ N	lo	
Name of Owner/Landlord:				□ Same as	above		
Address:	City:			State:	Zip <u>:</u>		
Contact Ph #:	Email Address:						
Security Gate Passcode fo Mailing Address: (If diffe							
Attention to:							
Address:				State:	Zip:		
II. Property Informa	tion:						
ii. Troperty informa							
Parcel / Folio #:			Water Service	e Identification	n: New	☐ Existing	
Exact use of requested wa	ter service (check all tl	nat apply):	☐ Domestic	☐ Producti	on □ Sprin	kler □ Refri	

III. Acknowledgement:

§PLEASE READ BEFORE SIGNING§

I understand that the Town of Medley shall have the right to terminate water/wastewater service if any of the information supplied is determined to be false or untrue. In addition, I understand and agree that the Town of Medley, through its authorized employees, shall have access to its equipment at all reasonable times for the purpose of reading meters and inspection/testing, repairing/replacing any equipment which is the property of the Town of Medley. If such equipment is located where an electronic security system is required, the Town of Medley shall be supplied the security pass code for access to property.

In addition, I understand that I am responsible for all minimum bills regardless if the water is used or not. I understand water service may be terminated if the required security deposit and/or monthly bills are unpaid. I understand any re-connection of service due to non-payment or late payment requested at 2pm or later will be scheduled to turn on the following business day or at the discretion of the Utilities Department. I understand if I no longer desire water service to be furnished to said property as noted by this application request, it is my responsibility to notify the department at least two days prior to the time I desire premises to be disconnected. I understand it is my responsibility to notify the department of changes regarding my contact information such as: Mailing address, telephone number(s) or e- mail address.

I desire premises to be disc	connected. I understand it is my Mailing address, telephone nu	y respons	ibility to notify th	e depa	at least two days prior to the timartment of changes regarding n	
responsibility to establis	h water/wastewater service	with the	Town of Medi	ey an	ess representative and it is mend all information is true and s as governed by the Town o	d
I am the: ☐Owner ☐Ter	nant □Agent					
		Title				
Printed Name						
Applicantle Cignoture		Data				
Applicant's Signature	Date					
						-
or Office Use ON	ILY					
Account #:	Meter #:	Meter ID:			Meter Size:	
Date Paid:	Deposit Paid: \$		Payment Type: Cash Credit Card			
Fees Paid: Tapping Connection Total Fees P			\$ Check #:			
Vater Only Account?	Yes □ No Pump Statio	on #				
Processed By:		Date:				