

\*\*\* FOR OFFICE USE ONLY \*\*\*

Date of Application: \_\_\_\_\_ Deposit Amount Transferred: \_\_\_\_\_

Deposit Waive Reason:  Previous customer #  Current customer # \_\_\_\_\_

Payment Type:  Credit Card  Check  Cash Amount Paid: \_\_\_\_\_

Deposit Check/Credit Card verification Number: \_\_\_\_\_ Accepted by: \_\_\_\_\_  
Customer Representative

**HERNANDO COUNTY UTILITIES DEPARTMENT  
APPLICATION FOR SEWER AND/OR WATER SERVICE**

**APPLICANT NAME:** \_\_\_\_\_  
FIRST LAST MIDDLE INITIAL

PHOTO ID # \_\_\_\_\_ LAST 4 DIGITS OF SOC.SEC#000-00- \_\_\_\_\_

**CO-APPLICANT'S NAME:** \_\_\_\_\_

PHOTO ID # \_\_\_\_\_ LAST 4 DIGITS OF SOC.SEC#000-00- \_\_\_\_\_

**A COPY of YOUR PHOTO ID is REQUIRED to PROCESS THIS APPLICATION**

ARE YOU:  OWNER  RENTER  AGENT IS THIS YOUR PRIMARY RESIDENCE? YES  NO   
(PLEASE CHECK ONE)

TELEPHONE#: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
HOME WORK E-MAIL ADDRESS

SERVICES: RESIDENTIAL WATER  RESIDENTIAL WATER & SEWER  IRRIGATION METER  (Existing Accounts Only.)

SERVICE ADDRESS: \_\_\_\_\_  
STREET NUMBER AND NAME APT/UNIT#

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**DATE YOU WOULD LIKE SERVICE TURNED ON** \_\_\_\_\_

**New Meter Installation:**

SUBDIVISION NAME: \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ UNIT \_\_\_\_\_

It is very important that you provide the correct address and legal description (lot, block, and unit number) for your service location. If you provide incorrect information, you may be charged additional fees to correct the error. (Large parcels may not have this information available.)

**MAILING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)**

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**SEWER AND/OR WATER SERVICE CONTRACT  
HERNANDO COUNTY WATER AND SEWER DISTRICT**

The undersigned applicant(s) for water and/or sewer service agree(s), jointly and severally, if applicable, to conform to and abide by all the rates, rules and regulations provided by ordinance, code, resolution or otherwise of the Hernando County Water and Sewer District for water and/or wastewater service as are now or hereafter in force and which are a part of this contract. Applicant(s) further agree(s), jointly and severally if applicable, to pay water and wastewater hook-up and connection fees where applicable and to pay all charges for water and/or wastewater service, as they may become due and at the scheduled rate in effect, unless and until notice in writing is given by the applicant(s) to the District through the Utilities Department that service is to be discontinued for whatever period of time. **Connection fees paid to the Utilities Department are non-refundable by ordinance.**

APPLICANT STATUS	WATER ONLY	WATER/SEWER SERVICE	SERVICE CHARGE
OWNER (Primary Residential Residence)	\$100.00	\$200.00	\$35.00
TENANT & NON-PRIMARY RESIDENCES	\$125.00	\$225.00	\$35.00

**APPLICATION MUST INCLUDE: PHOTO ID, SIGNED COPY OF THE HUD OR SETTLEMENT STATEMENT (OR A LEASE OR NOTARIZED LOA FOR TENANTS AND/OR AGENTS) OR RENTAL AGREEMENT AND PAYMENT.**

Effective September 1, 2005, we require the customer, agent, or representative to be present when the water is restored to a premise. Additional service charges may apply if a second trip to the premise is required to restore water service.

This application is subject to the Florida Public Records law. Some persons may be entitled to have their personal information exempted from Public Records production. If you have any legal basis for exempting your information (law enforcement officers, certain government supervisory officials, etc.), please state the basis below. In the event of a Public Records request for your application, legal counsel will be asked to confirm whether the claimed exemption applies. Public Records information exemption: \_\_\_\_\_ YES

Please state the basis: \_\_\_\_\_

**SIGNATURES:**

Applicant: \_\_\_\_\_

Co-Applicant \_\_\_\_\_

**CUSTOMER SERVICE (352) 754-4037**  
Return this Application With Payment to:  
Hernando County Utilities Department  
7405 Forest Oaks Blvd, Spring Hill FL 34606



Utilities Account Number



UTILITIES CUSTOMER SERVICE DEPARTMENT

7405 Forest Oaks Blvd, Florida 34606

Telephone 352-754-4037 Fax 352-688-5012

Website <http://www.hernandocounty.us/utills/>

## Service Request Waiver

Date \_\_\_\_\_

Service Address \_\_\_\_\_

***I acknowledge that I have been advised to be present at the above mentioned property. I***

\_\_\_\_\_ *Print Customer Name*

***understand that if I choose not be present or have my authorized agent present, at the time of the water being turned on, I hereby accept all responsibility for any damage and charges resulting from leaking, vandalism or negligence and further hold Hernando County harmless and without any liability what so ever.***

***I further understand that if the meter indicates something is on or there is a leak, the meter will not be left on and an additional trip charge of \$35.00 will be billed to my account.***

***\*\*\*Please make sure the house valve/stand pipe is in the off position.\*\*\****

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

ATTN: \_\_\_\_\_

Customer Representative Name

*Return this Form By:*

*Email: [HCUDCS@Hernandocounty.us](mailto:HCUDCS@Hernandocounty.us)*

*Fax 352-688-5012*

*Mail: UTILITIES CUSTOMER SERVICE DEPARTMENT  
7405 Forest Oaks Blvd, Florida 34606*

ACCOUNT # \_\_\_\_\_

CODE 2 \_\_\_\_\_

FINAL BILL / NO BILL \_\_\_\_\_

NEED SS \_\_\_\_\_

PRIMARY / NON PRIMARY \_\_\_\_\_

UNIT# \_\_\_\_\_

MXU/METER ID \_\_\_\_\_

1013D \_\_\_\_\_

DEPOSIT TRANSFER FLAG \_\_\_\_\_