

*** 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
(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

“(\$) : cfYghCU_g6`j X”

Spring Hill, FL 34606

OVER →

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

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 _____