



COMMERCIAL UTILITY SERVICE REQUESTS

120 Malabar Road SE • Palm Bay, FL 32907 • Phone: 321-952-3420

Fax: 321-727-0693 • Email: ucs@pbfl.org • www.pbud.org

SELECT ONE:

Owner

Tenant

Realtor/Property Manager

REQUIRED DOCUMENTS:

State ID

Lease/Proof of Ownership

Deposit (Desposit \$ Amount)

Intructions: Please print clearly and complete all sections of the form that apply to you. Submit completed application, documentation, and required deposit in person or mail to the above address. Please contact the office to pay the deposit if submission is via fax or online. Select one of the following and complete the sections indicated:

SERVICE INFORMATION:

Activate Service

Terminate Service

Transfer Services

Address Transferring From:

Account Number:

Shut Off Date:

ADDITIONAL INFORMATION:

Name(s) on Account:

Office Telephone:

Service Address:

Billing/Forwarding Address:

Federal ID or Social Security Number:

Email Address:

Billing Questions Contact Name:

Telephone Number:

Date Occupied:

Date Request Needed:

Owner

Tenant

Realtor/Property Manager

Name of Owner/Realtor:

Telephone Number:

Address:

IMPORTANT DISCLOSURES:

Important Disclosures: Please review the disclosures below carefully and initial the box beside each statement to indicate that you have reviewed and that you understand the information fully, if you have questions, please ask a customer service representative.

Owners: A lien will be placed on the property if an account, in the owner's name, remains unpaid. Base charges and penalties continue to accrue on the account after service has been discontinued and a lien is recorded.

Owners/Tenants: Delinquent accounts that continue to go unpaid are reported to a collection agency.

Owners/Tenants: Any damages that may occur with evidence of tampering could result in fees in excess of \$350.00

Owners/Tenants FEE: There is an administrative fee per visit for customer requested services.

SIGNATURE DATE (Required):

Customer Signature:

Date:

By submitting this form electronically you are providing an electronic signature and confirm that you have read and understand the above disclosures.

OFFICE USE ONLY:

Meter Size: _____ Deposits: Water \$ _____ Sewer: \$ _____

NON-REFUNDABLE FEES:

After Hours \$ _____ Water Impact \$ _____ Water Line Ext \$ _____

Other Fee \$ _____ Admin Fee \$ _____ Sewer Impact \$ _____

Sewer Line Ext \$ _____ Meter Install \$: _____

Account Number: _____ Date: _____ Total Due: _____