

## Instructions for Completing Application for Merge & Split Change of Existing Commercial Service

**General Instructions:** Careful attention to providing the required application information expedites the **FLORIDA GOVERNMENTAL UTILITY AUTHORITY (FGUA)** review process and enables it to respond within a **10-working day time frame**. Furthermore, the information provided by applicants is needed to calculate and notify them of impact and connection fees due.

**Specific Instructions:** All items must be fully answered or furnished. Answers may be described in detail on continuation sheets, if necessary, and referred to on the application.

- Item 1: Specify full legal name and address of the property owner(s) or property lessee(s). Provide a copy of the executed lease agreement if the application is made by the lessee(s). Or the property owner can accompany the lessee and establish the identity of the lessee by providing state issued identification for the owner and lessee.
- Item 2: Mark appropriate box describing applicant, If the applicant is a legal or commercial entity, furnish a copy of the respective registration, statement of partnership authority, or respective certificate of limited partnership, status, authorization, or organization, and amendments thereto, filed with the Florida Department of State ([www.sunbiz.org](http://www.sunbiz.org)).
- Item 3: Mark appropriate boxes describing required service and specify and enhanced services (i.e., irrigation/reclaimed water, fire protection lines, etc.)
- Item 4: Specify the business name of the previous occupant and the proposed new occupant
- Item 5: Indicate the type of business for the previous occupant and the new business planned for the location
- Item 6: Specify the estimated flow demand for the type of service requested
- Item 7: Specify approximate date service will be required
- Item 8: Specify the street address and parcel ID of the property.
- Item 9: Provide a graphic depiction or survey of property showing its location and boundaries, Plat map of property if platted.
- Item 10: Sign, date and include contact information

### **\*INCOMPLETE APPLICATIONS COULD DELAY FGUA RESPONSE TIME\***

Upon completion of this application please return to the local customer service office for further processing:

#### **Golden Gate**

Attn: Lisa Tomasch  
11985 Collier Blvd Unit # 7  
Naples, FL 34116  
Fax: 239-455-5626

#### **Lehigh Acres**

Attn: Maria Vega  
1229 Homestead Road North  
Lehigh Acres, FL 33936  
Fax: 239-368-7486

#### **Pasco (Aloha Gardens, Seven Springs, Consolidated and Lindrick)**

Attn: Nancy Minnette  
6915 Perrine Ranch Road  
New Port Richey, FL 34665  
Fax: 727-372-2677

#### **North Fort Myers**

Attn: Rhonda Bayer  
5660 Bayshore Road, Suite 36  
North Fort Myers, FL 34655  
Fax: 239-372-2677



# FLORIDA GOVERNMENTAL UTILITY AUTHORITY

## Application for Merge/Split and Change of Existing (Commercial) Service Connection

This application is for a Merge / Split (circle one) connection(s).

1. Name and address of **property owner** or **property lessee** for which meter Merge/Split is requested:

a. NAME and COMPANY NAME (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

b. MAILING ADDRESS (including City, State and ZIP):

\_\_\_\_\_  
\_\_\_\_\_

c. PHONE NUMBER AND/OR EMAIL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

2. Property Owner/Lessee is a(n): (Attach copy of current registration with the State of Florida - [www.sunbiz.org](http://www.sunbiz.org))

- Individual     Corporation     Partnership     Limited partnership
- Trust     Political Entity     Other \_\_\_\_\_

3. Service requested:     Water     Wastewater     Reclaim     Fire Protection

4. Business name

a. Previous Business(es) (include all business names affected by merge/split)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

b. Proposed New Business

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. Type of facility (restaurant, office, etc.)

a. Previous Business(es) (include all business types affected by merge/split)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

b. Proposed New Business

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

6. Estimated average daily flows on annual basis

a. Water: \_\_\_\_\_ GPD

b. Wastewater: \_\_\_\_\_ GPD

c. Irrigation (Reclaim or Potable water): \_\_\_\_\_ GPD

7. Estimated date service is required:

\_\_\_\_\_

8. Property street address and Property ID (Strap No.): (a separate sheet may be attached)

*\*This information can be obtained from the county property appraiser's website\**

a. PROPERTY ID (STRAP NO.): \_\_\_\_\_

	Property Addresses With Unit Numbers To Be Merged/Split	MERGE	SPLIT
		Indicate which meter will remain in the merge and which meters will be inactive	Indicate which meter currently exists and which meter(s) will be new installations
1			
2			
3			
4			

**The owner understands that if the meters are to be split at a later date the new meter connection charges as applicable at the time of request will be paid.**

9. Attach a location/vicinity map

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Water / Wastewater / Reclaim / Fire Protection (circle appropriate service(s) available)

No. of Meters Issued \_\_\_\_\_ Meter Size(s): \_\_\_\_\_

Outstanding Payments: \_\_\_\_\_

*I have checked the information provided by the customer in this application and have verified all details within the billing system and find them to be accurate.*

Customer Service Representative: \_\_\_\_\_ Date: \_\_\_\_\_