

Instructions for Completing Application for 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). If the applicant is leasing the property, a copy of the current lease agreement will be required.
- 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).
- 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 (ex. XYZ Medical Supplies, Inc., Jane's Deli and Grocery)
- Item 5: Indicate the type of business for the previous occupant and the new business planned for the location (ex. restaurant, medical office, etc.)
- 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 (can be obtained on the County's property appraiser's website).
- Item 9: Provide a graphic depiction (aerial map) 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, Ste 36
North Fort Myers, FL 33917
Fax: 239-543-2226



FLORIDA GOVERNMENTAL UTILITY AUTHORITY

Application for Change of Existing (Commercial) Service Connection

1. Name and address of **PROPERTY OWNER** or **PROPERTY LESSEE**:

If leasing the property, a copy of the current lease agreement will be required

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)

- Individual Corporation Partnership Limited partnership
 Trust Political Entity Other _____

3. Service requested: Water Wastewater Reclaim Fire Protection

4. Business **NAME** (ex. Jane's Deli and Grocery)

a. Previous Business Name _____

b. Proposed New Business Name _____

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

a. Previous Business _____

1. For a restaurant, specify: # of seats permitted _____; fast food carryout / fast food dine-in / fine dining (CIRCLE ONE); are alcoholic drinks served? Yes / No (CIRCLE ONE)
2. For a salon, specify: # of work stations _____

b. Proposed New Business _____

1. For a restaurant, specify: # of seats permitted _____; fast food carryout / fast food dine-in / fine dining (CIRCLE ONE); are alcoholic drinks served? Yes / No (CIRCLE ONE)
2. For a salon, specify: # of work stations _____

6. Estimated average daily flows on annual basis

- a. Water: _____ GPD
- b. Wastewater: _____ GPD
- c. Irrigation (Reclaim or Potable water): _____ GPD
- d. Fire Protection: _____ 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.): _____
- b. PROPERTY'S PHYSICAL ADDRESS: _____

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)

Meter Size: _____

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: _____