



FLORIDA GOVERNMENTAL UTILITY AUTHORITY

Application for Water, Wastewater and/or Reclaimed Water Service

1. Name and address of **APPLICANT**:

If renting or leasing the property, a copy of the current applicable agreement will be required

a. PRIMARY NAME and COMPANY NAME (if applicable):

Primary name is responsible for account balance

SECONDARY NAME (if applicable) *Secondary name is the person you authorize the FGUA

to share account information with. The secondary person is not responsible for account payments and/or balance*

b. PROPERTY ADDRESS WHERE SERVICE IS REQUESTED (including City, State and ZIP):

c. MAILING ADDRESS if different than service address (including City, State and ZIP):

d. PHONE NUMBER (_____) _____ - _____ EMAIL ADDRESS: _____

e. Name and address of **PROPERTY OWNER** (if applicant is renting or leasing)

(including City, State and ZIP):

2. APPLICANT IDENTIFICATION

a. Driver's License Number: _____

b. Social Security Number: _____

3. Service requested: Water Wastewater Reclaim

4. Date service is requested: _____

NOTE: Before service will be commenced, the Customer must pay the appropriate meter fee, reuse service connection charge and the applicable deposit pursuant to the Company's Tariff.

This application constitutes an Agreement for Service; and the Company and the Customer are bound by its terms, as well as those of the Company's Tariff and the Rules of the Florida Governmental Utility Authority, both of which are incorporated herein by reference.

The Customer shall exercise reasonable diligence to protect the Company's property on the Customer's premises, and shall knowingly permit no one but the Company's agents, or persons authorized by law, to have access to the Company's pipes and apparatus. The Customer has been provided with a copy of the Florida Governmental Utility Authority's Cross Connection Control Plan and received notification of reuse signs as required by the Florida Department of Environmental Protection rule.

In the event of any loss, or damage to property of the Company caused by or arising out of carelessness, neglect, or misuse by the Customer, the cost of making good such loss or repairing such damage shall be paid by the Customer.

Applicant Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____
(if required)

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

Golden Gate

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

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

6915 Perrine Ranch Road
New Port Richey, FL 34655
Fax: 727-372-2677

Lehigh Acres

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

North Fort Myers

5660 Bayshore Rd, Suite 36
Fort Myers, FL 33917
Fax: 239-543-2226

FOR OFFICE USE ONLY

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

Meter Size: _____

Deposit Amount: _____

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: _____