



**FLORIDA GOVERNMENTAL UTILITY AUTHORITY**  
**Application for Water, Wastewater and/or Reclaimed Water Service**

Deposits **must** be submitted, in person, by mail, or over the phone **with a completed** application to Customer Service.  
**Application is void if incomplete or altered.**

( ) Owner                      ( ) Tenant                      Purchase/Lease/Occupancy Date: \_\_\_\_\_

Primary Applicant and/or Company Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Identification: DL: \_\_\_\_\_ State ID: \_\_\_\_\_ Passport \_\_\_\_\_ Military \_\_\_\_\_ Other: \_\_\_\_\_ ID #: \_\_\_\_\_

Last 4 of Social: XXX-XX-\_\_\_\_\_ Total Deposits/Fees: \$ \_\_\_\_\_ **Please call the Customer Service Office for this information.**

Service(s) Requested: Water \_\_\_\_\_ Wastewater \_\_\_\_\_ Reclaim \_\_\_\_\_ Irrigation \_\_\_\_\_

**Date Service is requested:** \_\_\_\_\_

Have you previously had service with the FGUA? ( ) Yes ( ) No

If yes, previous address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If renting/leasing, please give the following owner information:

Owner/Landlord Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

NOTE: Before service will be commenced, the Customer must pay the appropriate fees and applicable deposit(s) pursuant to the FGUA' s rate resolutions. This application constitutes an Agreement for Service; and the FGUA and Customer are bound by its terms, as well as those of The FGUA' s Rules, Policies and Procedures of which are incorporated herein by reference. The Customer shall exercise reasonable diligence to protect the FGUA' s property on the Customer's premises, and shall knowingly permit no one but the FGUA' s agents, or persons authorized by law, to have access to the Utility's pipes and apparatus. The Customer has been provided with a copy of the FGUA' 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 FGUA 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's Signature/Date: \_\_\_\_\_

Property Owner's Signature (if required)/Date: \_\_\_\_\_

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

**Pasco County**

6915 Perrine Ranch Road  
New Port Richey, FL 34655  
Fax: 727-372-2677  
Phone: 727-372-0115

**LeeCounty**

9841 Bernwood Place Dr  
Suite 120  
Fort Myers, FL 34966

Lehigh Acres  
Fax: 239-368-7486  
Phone: 239-368-1615

North Fort Myers  
Fax: 239-543-2226  
Phone: 239-543-1005

**All other Counties**

**(Alachua, Putnam, Marion, Lake,  
Volusia, Seminole, Orange, Polk  
and Citrus)**

510 Hwy 466, Suite 204  
Lady Lake, FL 32159  
Fax: 352-633-9189  
Phone: 877-657-8889

**FOR OFFICE USE ONLY:** Date: \_\_\_\_\_ Complete Application: \_\_\_\_\_ Incomplete: \_\_\_\_\_

System Name: \_\_\_\_\_ Meter Size: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Water \_\_\_\_\_ Wastewater \_\_\_\_\_ Reclaim \_\_\_\_\_ Irrigation \_\_\_\_\_

Account Number: \_\_\_\_\_ CSR Initials: \_\_\_\_\_

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