



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

Lee County

9841 Bernwood Place Dr, Suite 120
Fort Myers, FL 34966
Fax: 239-368-7486 or 239-543-2226
Phone: 239-368-1615

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.