



City of St. Augustine

50 Bridge Street, St. Augustine, FL 32084
904-825-1037 (phone), 904-825-1039 (fax), UtilityBilling@citystaug.com

Application for Commercial Water/Sewer Service

(Please Print)

Business Name: _____ Date: _____

Service Address: _____ Unit #: _____ Zip Code: _____

Contact Name: _____ Contact Telephone #: _____

Mailing Address: (only if different from service address)

Business Telephone #: _____ Business Fax #: _____

Business Email address: _____

Business Website (if applicable): _____

Business Square Footage: _____ **Business Type:** _____

Tax ID #: _____ or Social Security # (last 4 only): _____

A telephone number is necessary so that we may contact you for a credit card number in order to pay for your deposit and/or set up fee.

DATE SERVICE REQUESTED TO START:

_____ **OWN** _____ **RENT** _____

Deposits made before 12:00 noon Monday through Friday may receive same day service. Set

Up Fee: \$30.00

Deposit: Determined at the time of application

A COPY OF LLC/CORPORATION/FICTITIOUS NAME PAPERS ARE REQUIRED FOR SERVICE.

Signature: _____ Date: _____