



City of St. Augustine

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

Application for Residential Water/Sewer Service

(Please Print)

Name: _____ Date: _____

Service Address: _____ Apt#: _____ Zip Code: _____

Home Telephone #: _____ Business Telephone #: _____

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. If a credit check is requested to waive the deposit, we will also contact you to obtain your full social security number.

Mailing Address: (only if different from service address)

Driver's License Number (or other Government Issued identification number):

Social Security Number (last 4 only): XXX-XX-_____

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 \$125.00

Deposits may be waived with one of the following:

- A letter of credit from another Utility with which customer has had service for at least two years and account is currently active or closed within the last six months.
- An existing customer in good standing
- A credit score of 650 or higher (must sign below for credit check)

I am requesting a credit check through Equifax. Signature _____