



City of St. Augustine

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

Application for Multi-Family Water/Sewer Service

(Please Print)

Name: _____ Date: _____

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

Number of Units: _____

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-_____

Home Telephone #: _____ Business Telephone #: _____

Email address: _____

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

Signature: _____ Date: _____