



# OKALOOSA COUNTY WATER & SEWER

## Application for New Service

<i>Official Use</i>
Account #: _____
Entered by: _____

We appreciate your business and pledge to do our best to deliver exceptional customer service and satisfaction.

New service or a transfer of service can be started at an OCWS office, by fax or e-mail. This form needs to be filled out (please print clearly) and signed at the bottom to acknowledge an understanding of the information listed below and your obligation to comply with provisions of the County Code governing utility service. **A copy of your valid government issued photo ID, and a copy of your lease agreement (if renting), must be provided with this application prior to establishing new service.** A minimum \$50 Deposit and a \$30 non-refundable Service Fee will be assessed. The deposit may vary depending on your meter size or other circumstances.

**Please be advised that by Ordinance No. 2016-16, Sec. 24-176**

*“The customer accepts responsibility for the interior plumbing being in proper working order and turned off when requesting new service or reconnection of water service. The Customer expressly assumes responsibility and all liability for any damage to the premises and to any damage that may occur to the property of others. The customer will indemnify and hold harmless the Board and its representatives for any resulting damage to the owner and/or tenant's premises and the real and personal property of others due to the aforementioned turning on of service at the water meter.”*

It is recommended that someone be at the property when the water is turned on. Open faucets and/or damaged fixtures, water pipes, drains and other factors can cause water damage to the premises once service is turned on. Each additional trip to the property will result in additional fees. \_\_\_\_\_ (Initial)

OCWS collects your Social Security Number for one of the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking and as a unique numeric identifier for search purposes (§119.071(5) Florida Statutes). Social Security Numbers are considered confidential and exempt from public records, except as required by law (§119.071(5)(a)(6) Florida Statutes).

**New Service: Application must be initialed and signed before it can be processed.**

Requested Date to Start Service:		
Customer's Name:		
Service Address:	City:	Zip Code:
Mailing Address: (If different than above)		
City:	State:	Zip Code:
Phone Number:	Cell Phone #:	
Driver's License # & State:	Email Address:	
Social Security Number/Tax ID:	Date of Birth:	
Own or Rent:	<b>A copy of your lease is required if renting.</b>	
Landlord's Name:	Landlord's Phone: #:	
<b>Spouse or Roommate Information</b>		
Name:	Contact Number:	
Driver's License # & State:		
Social Security Number:	Date of Birth:	

**Transfer of Service: Service can only be at both locations for 10 business days.**

Current Service Address:
Requested Date to Stop Service:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_