



**Town of Highland Beach
3614 S. Ocean Blvd.
Highland Beach, Florida 33487
Phone: (561) 278-4548
Fax: (561) 276-9829**

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

The following information is being requested for the purpose of opening an account to provide and bill for utility service.

General Information

Owner **Tenant** **Purchase/Lease Date:** _____

If a lease, term length _____

Service Street Address: _____

Applicant's Full Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **e-Mail Address:** _____

Property Owner Information

If renting, please give the following Information:

Owner/Landlord Name: _____

Telephone Number: _____

I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL CHARGES AT THE ABOVE NOTED PROPERTY. I AGREE TO PAY FOR SERVICES PROMPTLY AT THE RATES ESTABLISHED BY THE TOWN OF HIGHLAND BEACH, AND I AGREE TO ABIDE BY PRESENT AND FUTURE REGULATIONS RELATING TO WATER, WASTEWATER, AND OR RECLAIMED WATER SERVICES AS ESTABLISHED BY THE TOWN OF HIGHLAND.

SIGNATURE OF APPLICANT: _____

DATE: _____

PLEASE RETURN COMPLETED APPLICATION TO THE FINANCE DEPARTMENT AT THE ADDRESS OR FAX NUMBER ABOVE.

OFFICE USE ONLY:

Location ID: _____