



CITY OF STUART APPLICATION FOR UTILITY SERVICES

Please initial One:

- Yes, sign me up for AquaHawk for potential leaks and water usage.
- No, do not sign me up but provide me with the information.

Name of Applicant: _____

Business Name: _____

Landlord Tenant

Please indicate if you fall under Federal or State protective status (i.e. Law Enforcement, Judicial or Elected Official etc.) Yes No IF YOU CHECKED YES, PLEASE COMPLETE A REDACTION OF PERSONAL INFORMATION FORM.

Is your business Tax Exempt? Yes No If so please provide documentation

Service Address: _____

Have you ever had an account with the City of Stuart before? Yes No

Previous Service Address: _____

Billing Address (to send bills to if different from Service Address):

Street: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Method (_____) _____ - _____ Home Cell Business

Secondary Phone Number: (_____) _____ - _____ Home Cell Business

E-mail Address: _____

Residential Customers, Provide the last 4 digits of your Social Security Number (SSN): _____

Commercial Customers, Provide the Federal Taxpayer Id Number: _____

Important Notice: The applicant is responsible for turning all fixtures off in the home prior to requesting service.

Signature (X): _____ **Date:** _____

Office Use Only

Deposit Based on Meter Size _____

Account # _____

Water/Sewer Deposit \$ _____ **Sanitation Deposit \$** _____

Sanitation Service: Carts: _____ Dumpster Size: _____ #pick ups: _____ Compactor/Roll-Off Size: _____

Account Setup Fee \$ _____ **Sanitation Delivery Fee \$** _____

Availability Fee \$ _____ **Meter Tap In Fee \$** _____

Total Due \$ _____