



CITY OF STUART APPLICATION FOR UTILITY SERVICES

Name of Applicant: _____

Business Name: _____

Please indicate if you fall under either the Federal or State protective status (i.e. Law Enforcement, Judicial or Elected Official) Yes No

Service Address: _____

PCN PER MARTIN COUNTY PROPERTY APPRAISER _____

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/Country: _____

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: _____

Signature (X): _____ Date: _____

Office Use Only

Deposit Based on Meter Size _____

Account # _____

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

Sanitation Service Type: _____ Cart(s) _____ Dumpster Size _____ #pick ups

Compactor _____ Roll-off Size _____

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

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

Total Due \$ _____