



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

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 \$ _____