

NEW ACCOUNT WORK FORM

Please complete highlighted areas only

| Customer Name: | | | SS # or Federal Tax ID#: | | E-Mail Address: | | | Daytime phone number(s): | | |
|---|-------------------------------------|----------------------|---------------------------------|-------------------|--|--|------------------------------------|--|--|------------------------------|
| | | | | | | | | C (1) | O (2) | |
| Mailing Address: | | | | | City: | | State: | | Zip: | |
| | | | | | | | | | | |
| <p>PLEASE NOTE: Customer(s) requesting meters will be responsible for all bills until a Disconnect or Transfer of Service(s) is Requested. By signing this application you are acknowledging that the following meter box conditions have been checked. Tail piece and spacer has been installed, consumer line has been tided in to the meter box, concrete slab was installed according to WASD standards, meter box must be clear of debris and water, meter box and/or sidewalk must not be cracked, property address has been posted on building, street sign matching address has been installed. For additional standard details information, please visit: Part IV - MDWASD Standard Details at www.miamidade.gov/water/design-construction-standards.asp#part4</p> | | | | | | | | | | |
| Name and Title of Person Authorizing Application: | | | | SIGNATURE: | | | | DATE: | | |
| | | | | | | | | | | |
| # of Units/ SQ FT: | Premise Address: | Folio #: | CCB Account #: | MTR Location: | GPD: | SP Size: | Mtr Size: | LOT: | BLK: | Customer ID/Invoice No. |
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| OP Area: | Municipality: | Premise Type: | Subdivision: | | Zip Code: | | Quarterly <input type="checkbox"/> | W&S <input type="checkbox"/> | Water Meter Installation Fees: | |
| | | | | | | | Monthly <input type="checkbox"/> | W Only <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Premise Case (Notes) (s): | | | Premise Case ID: | | Agreement# | Conveyance Required: | | "G" Restriction | | |
| <input type="checkbox"/> NEEDS FOLIO'S <input type="checkbox"/> NEEDS MTR LOC AT MTR SET REQ <input type="checkbox"/> NEEDS SS# or FEDERAL TAX ID | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | ER Water: | NBR NAME: | | Processed Date: | | NBR Signature: |
| | | | | | | | | | | |
| Must provide WASD at least two schedule dates not sooner than 5 days | | | | | ER Sewer: | Supervisor Name: | | Approved Date: | | Supervisor Signature: |
| 1st choice SM schedule date: | 2nd choice SM schedule date: | | | | | | | | | |
| | | | | | <input type="checkbox"/> Checked Revised Building Plans (see attached) | NBP NAME: | | DATE RECEIVED: | | NBP Signature: |
| | | | | | | | | | | |