



NEW ACCOUNT WORK FORM (APPLICATION FOR NEW SERVICE)

Please complete highlighted areas only

Water and Sewer
 PO Box 33016
 Miami, FL 33233-0316
 T 786-268-5360

Customer Name:		SS # or Federal Tax ID#:		E-Mail Address:			Daytime phone number(s):		
							C (1)		O (2)
Mailing Address:				City:		State:		Zip:	
# of Units/ SQ FT:	Premise Address:	Folio #:	CCB Account #:	MTR Location:	GPD:	SP Size:	LOT:	BLK:	Customer ID/Invoice No.
<p>PLEASE NOTE: THE DEPARTMENT RESERVES THE RIGHT TO CHARGE ITS ACTUAL COSTS FOR A TYPICAL SERVICE INSTALLATION. THIS APPLICATION IS SUBJECT TO PROHIBITIONS, LIMITATIONS AND RESTRICTIONS OF GOVERNMENTAL AGENCIES HAVING JURISDICTION OVER MATTERS OF PAVING AND ROADWAY RECONSTRUCTION. ADDITIONAL COSTS INCURRED BY THE DEPARTMENT DUE TO PERMITTING AGENCY REQUIREMENTS SHALL BE PAID IN ADVANCE BY THE CUSTOMER PRIOR TO COMMENCEMENT OF INSTALLATION. PLEASE NOTE THAT WATER AND/OR SEWER BILLING WILL COMMENCE UPON THE INSTALLATION OF THE WATER METER(S). IN THE EVENT AN "OPEN CUT" INSTALLATION IN THE RIGHT-OF-WAY IS DENIED BY ANY PERMITTING AGENCY IT SHALL BE THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER TO ARRANGE FOR ANY "JACK & BORE" REQUIREMENTS BY A PRIVATE CONTRACTOR LICENSED TO PERFORM SAID INSTALLATION IN ACCORDANCE WITH PLANS AND SPECIFICATION TO BE APPROVED BY THE COUNTY. INSTALLATION OF AN UPGRADED SERVICE MUST BE COORDINATED SO THAT THE PROPERTY OWNER TRANSFERS ITS PRIVATE LINE FROM THE OLD SERVICE TO THE NEW SERVICE. FAILURE TO COMPLY WITH ANY REQUIREMENTS RESULTING IN ADDITIONAL VISITS TO THE PROPERTY SHALL RESULT IN ADDITIONAL SERVICE CHARGES TO THE PROPERTY OWNER.</p> <p>PLEASE BE ADVISED THAT INSTALLATION TIME WILL BE APPROXIMATELY 8 TO 10 WEEKS FROM APPLICATION DATE. TO PREVENT UNNECESSARY DELAYS, IT IS THE PROPERTY OWNER'S RESPONSIBILITY TO HAVE THE PROPERTY LINES GRADED, AND THE PROPOSED METER LOCATION STAKED AND MARKED, ALSO MARK ALL PRIVATE UTILITIES, PRIOR TO THE TIME OF INSTALLATION.</p>									
<ul style="list-style-type: none"> • Boundary survey is required (no larger than 11" X 17") not older than two years • Proposed meter box location must be clearly marked and signed on survey 			<input type="checkbox"/> 1" Single Service \$1200 <input type="checkbox"/> 1" Dual Service \$1700 <input type="checkbox"/> Twin-Off existing 1" Service \$850 <input type="checkbox"/> 2" Single Service \$2500			<ul style="list-style-type: none"> • Additional Public Works permit fees and/or road restoration may apply • An additional Municipality Plumbing Permit may also be required 			
Customer Signature:		Date:		NBR NAME:		App Date:		NBR Signature:	
OP Area:	Municipality:	Premise Type:	Subdivision:	Zip Code:	Quarterly <input type="checkbox"/>	W&S <input type="checkbox"/>	"G" Restriction <input type="checkbox"/>	Water Meter Installation Fees:	
					Monthly <input type="checkbox"/>	W Only <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Premise Case (Notes):		ID#	Conveyance Required:	Agreement#	Supervisor Name:		Approved Date:		Supervisor Signature:
<input type="checkbox"/> CC's and/or CCC's due <input type="checkbox"/> NEEDS SS# or FEDERAL TAX ID			<input type="checkbox"/> Yes <input type="checkbox"/> No						
			AFA/ER/Invoice No.		AFA REP NAME:		DATE RECEIVED:		AFA REP Signature:
					NBP NAME:		DATE RECEIVED:		NBP Signature:
Set Meter Request after service have been installed for Office use Only									
SM Schedule Date:	NBR Name:	Processed Date:	NBR Signature:	Supervisor Name:	Approved Date:		Supervisor Signature:		