



Seminole Improvement District

4001 Seminole Pratt-Whitney Road, Westlake, FL 33470
561-790-1742 www.seminoleimprovementdistrict.com

RESIDENTIAL

WATER-SEWER-REUSE SERVICE

HOMEOWNER

- WATER / SEWER / REUSE SERVICE IS REQUIRED FOR ALL RESIDENTIAL ACCOUNTS. BRING A COMPLETED APPLICATION, PROOF OF OWNERSHIP (OR A SIGNED LEASE) AND PAYMENT TO THE DISTRICT OFFICE.
- A **\$140 DEPOSIT** OPENS THE ACCOUNT. THE DEPOSIT BECOMES A REFUNDABLE CREDIT AFTER TWELVE (12) CONSECUTIVE MONTHS OF SATISFACTORY PAYMENT HISTORY.
- MAKE CHECKS PAYABLE TO: **SEMINOLE IMPROVEMENT DISTRICT**. CREDIT CARDS (NOT AMERICAN EXPRESS) ARE ACCEPTED.
- ACCOUNTS ARE CHARGED A NON-REFUNDABLE **\$25** START-UP / TRANSFER FEE THAT WILL APPEAR ON THE FIRST WATER BILL.
- SID IS NOT RESPONSIBLE FOR LOSS OR DAMAGE RESULTING FROM STARTING SERVICE. **ALL INSIDE AND OUTSIDE OUTLETS (FAUCETS) MUST BE OFF WHEN SERVICE IS CONNECTED.**

SERVICE ADDRESS (Please Print)

House Number	Street Name	Development	Lot Number
PROPERTY PURCHASE DATE: _____			
	<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANT	

CUSTOMER NAME: _____

Last	First	Middle Initial
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(If different than above)

BILLING ADDRESS: _____

House Number	Street Name	City	State	ZIP
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CUSTOMER PHONE: _____ EMERGENCY PHONE: _____

EMAIL: _____ E-BILLING? YES NO

PROPERTY OWNER INFORMATION (IF DIFFERENT THAN ABOVE.)

OWNER NAME: _____

OWNER ADDRESS: _____

House Number	Street Name	City	State	ZIP
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OWNER PHONE: _____ EMAIL: _____

TENANT INFORMATION

DATE LEASE BEGAN: _____ TERM OF LEASE (LENGTH): _____

CUSTOMER INFORMATION and AGREEMENT

I understand I am responsible for prompt payment for all the utility service charges rendered to the address listed above including any collection fees associated with unpaid balances. I agree to abide by current and future rates, regulations, policies and procedures for potable, waste, and reuse water services as established by the governing Boards of both SID and the City of Westlake.

CUSTOMER SIGNATURE: _____

Accounts will not be opened without signature, identification and proof of ownership.

DATE: _____

OFFICE USE ONLY	
CUSTOMER NUMBER	_____
WATER METER NUMBER	_____
WATER METER MIU NUMBER	_____
WATER METER READING	_____ DATE _____
	MM/DD/YYYY
REUSE METER NUMBER	_____
REUSE METER MIU	_____
REUSE METER READING	_____ DATE _____
	MM/DD/YYYY
PAID	_____
	MM/DD/YYYY
	REV 9/27/2019