

## CITY OF RIVIERA BEACH RESIDENTIAL APPLICATION FOR UTILITY SERVICES

The following information is being requested for the purpose of opening an account to provide and bill for utility services.

| APPLICANT INFORMATION   |   |                            |               |              |
|---|---|----------------------------|---------------|--------------|
| Type of Residence: House Apartment  | Mobile Home C   | ondominium                 |               |              |
| Own/Rent this Property: Own Rent  | Property Control Number (PCN):  |                            |               |              |
| Service Address:  |   |                            |               |              |
| Street  |   | City                       | State         | Zip + 4      |
| Sub-Division:   |   |                            |               |              |
| Applicant's Name: The security deposit ;  | placed on this account will be refunded only to t   | he stated above applicant. |               |              |
| Mailing Address:  |   |                            |               |              |
| Street  | 5 · Di #  | City                       | State         | Zip + 4      |
| Daytime Phone #:  |   |                            |               |              |
| Emergency Phone #:  |   |                            |               |              |
| Driver's License #:   | or State Identificat  | ion #:                     |               |              |
| or Passport #:  | Country:  |                            |               |              |
| PROPER1   | TY OWNER INFORMA  | TION                       |               |              |
| Property Owner's Name:  |   |                            |               |              |
| Mailing Address:  |   |                            |               |              |
| Street  |   | City                       | State         | Zip+4        |
| Phone #:  | E-Mail Address:   |                            |               |              |
| Date of Property Purchase://  |   |                            |               |              |
| TEN   | ANT INFORMATION   |                            |               |              |
| Lease Start Date:/ Lease End Date:  | Month /Day /Year  |                            |               |              |
| *** TENANTS: PLEASE ATTACH A COPY OF THE EXECU  | TED LEASE AND THE PROPERT   | Y OWNER CONSENT OF         | LEASE AGI     | REEMENT. *** |
| I understand that I am fully responsible for all charges a<br>by the Utility Special District and the City of Riviera Bead<br>established by the Utility Special District and the City of | ch. I agree to abide by present a   |                            |               |              |
| Applicant Signature:  |   | Date:                      | /_<br>Month / | /            |
|   | MAIL/IN PERSON  | EMAIL                      | Month /       | Day /Year    |
| Please submit completed application and supporting documentation to:  | City of Riviera Beach<br>Finance Department<br>600 West Blue Heron Blvd.<br>Riviera Beach, FL 33404 | css@rivierabeach.org       | g             |              |