

CITY OF RIVIERA BEACH BROKER DIRECT BILLING FOR UTILITY SERVICES AGREEMENT

Meter Location:	Property Control Number:									
Service Address:	Street		Citv	State	Zip + 4					
Tenant's Name: Please print										
PROPERTY OWNER INFORMATION										
Property Owner's Name: Please print										
Mailing Address:	Street		City	State	Zip+4					
Telephone Number:		Email Address :								
Property Owner's Business Tax Rec	eipt Number:									

The undersigned Property Owner (Owner) of the Property listed above as the Service Address understands and agrees that the water and sewer services bill for the above Property are to be mailed directly to the Broker listed below for payment. This agreement is subject to the policies of the City of Riviera Beach (City) regarding the provision of water and sewer services by the Utility Special District. The Owner understands that water and sewer services are granted solely on the basis of personal information submitted as part of this Agreement and do certify that all such information is correct. The Owner agrees that this Agreement for service, when accepted by the City shall form a binding agreement governing the terms of all water and sewer services rendered to us by the City. In order to activate the Broker Direct Billing for Water and Sewer Services Agreement, it is necessary to obtain a reading on the water meter installed at the Property. This Agreement will not be active until the reading of the water meter is completed.

I understand and agree that the Broker covered by this Agreement is authorized to receive utility bills as agents for me. I agree to comply with property owner responsibilities as described in the Utility Special District policy as revised from time to time. This policy is available to view and download at: www.rivierabch.com/udservicespolicy.

Property Owner's Signature	:			Date:	// Month /Day /Year
Property Owner's Signature	:			Date:	/ Month /Day /Year
	BRO	KER INFORMATI	ON		
Broker's Name:					
Mailing Address:	Street		City	State	Zip+4
Telephone Number:		_Email Address:			
•	er understands and agrees to ma erty that are mailed directly to ma				
Broker's Signature:				Date:	//
	Please submit completed application and supporting documentation to:	MAIL/IN PERSON City of Riviera Beach Finance Department 600 West Blue Heron Blvd.	EMAIL css@rivierabeach.org		Month /Day /Year

Riviera Beach, FL 33404