

**APPLICATION FOR WATER SERVICE – New Account
TOWN OF JUPITER UTILITIES
210 MILITARY TRAIL, JUPITER FL 33458**

FOR OFFICE USE ONLY

CUSTOMER ID _____ **LOCATION ID** _____ **DATE** _____

Deposit Amount: \$ _____ Disposal Fee: \$ _____

Please provide proof of ownership to establish a utility account with the Town of Jupiter.

Please read and complete the information below. Indicate exactly how you would like the name on the account. You may use only one name due to deposit processing policies. Be sure to provide the service address and the mailing address if you wish your bill sent to an address other than the service location. The following information is required to establish an account with the Town of Jupiter Utilities.

PLEASE PRINT LEGIBLY

Please Check One:

*Residential _____

*Multi Family _____

*Commercial _____

Service Address: _____ City: _____ Zip: _____

Owner/Customer Name: _____

Spouse Name on Account (Optional) _____

Have you ever had an account with Jupiter Utilities? Yes _____ No _____

If yes, please provide service address or account number _____

If Commercial - Name of Business: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Email Address: _____

Driver's License No. or other Photo ID (**Legible Copy Required**): _____ State _____

Business License # _____ Federal Tax ID # (Business/Contractor Only) _____

Primary Phone (____) _____ Secondary Phone: (____) _____ (optional)

Other Phone: (____) _____ (optional)

Your location has reserved _____ gallons per day. Excessive usage or renovation may require additional fees and/or a meter size upgrade.
(Town provided info)

Does any person(s) in your household have a disability or require special care? Yes _____ No _____

If yes please briefly explain _____

Date Service to Begin: _____ (At least 24 hour notice is required, subject to availability of schedule)

Is this a rental property? Y or N (circle one) If Yes, do you want the Tenant to receive a copy of the bill each month? Y or N (circle one)

If Yes, Name of Tenant _____

Tenant Mailing Address _____

Tenant Phone Number _____

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Security Deposit Requirements: A security deposit is required to establish a new account with the Utility. The deposit is not negotiable or transferable between individuals. Deposits are credited on the account after sixty months of an excellent payment record. Interest is accrued and paid annually at a rate approved by the Town of Jupiter Town Council. Upon establishment of an excellent payment record and continued service with the utility a new deposit is not required to transfer service in the same customer name at another location within the utility’s service area. The Utility reserves the right to require a new deposit or increase a deposit amount due to an unsatisfactory payment record.

*All Commercial accounts require a backflow assembly to be installed and tested prior to the rendering of water service. The Town may require the installation of a backflow prevention device to each Consumer requesting water service, and if necessary to protect the public’s health, at various locations internal to the property and beyond the Town’s Point of Delivery of Service. It shall remain the responsibility of the Consumer to install, maintain, test and certify the proper operation of the backflow prevention device in accordance with the Town’s Backflow Prevention Program. The Town may require a backflow assembly be installed if there is a non-potable water source for irrigation or if the property has an active non potable source. The Town may provide annual notification of required backflow testing to the current Consumer with established service at the location.

_____By this application, customer recognizes that the Town of Jupiter Utilities shall not be responsible for loss or damage (Customer Initial) as a result of the initiation of service. If customer does not intend to be present at the time water service is connected (should service be off), customer shall insure that all inside and outside outlets (faucets) and valves are in the off position. If the meter does not stop moving when turned on, it will be turned off and the customer will need to contact the utility to have the meter turned on again when they are home (an additional trip fee may apply). Unfortunately we are unable to provide the exact time of service connection however, this will be done during regular business hours only. After hours services are subject to a service charge up to \$50.00 per occurrence. Meter Tampering fees are \$150.00 per occurrence.

The undersigned acknowledges that utility services are provided subject to strict adherence to the Town of Jupiter’s Code of Ordinances for utility services and such services may be interrupted pursuant to any violation thereof. The undersigned understands that they are fully responsible for all charges at the above noted property. The undersigned agrees to pay for services promptly at the rates established by the Town of Jupiter and agrees to abide by present and future regulations relating to utility service including but not limited to water, stormwater and/or garbage services, as applicable, as established by the Town of Jupiter. By my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge.

Owner/Customer Signature: _____ Date: _____

Owner [] Agent [] If agent, Print Name: _____ Phone: (_____) _____

***** A \$15.00 ACCOUNT PROCESSING FEE WILL BE BILLED ON THE FIRST BILL *****

Please make check payable to: Town of Jupiter. VISA, MasterCard and American Express are accepted over the phone and at our payment counter only.

**Please return completed form by mailing to: PO BOX 8900, JUPITER FL 33468-8900 or
Email completed form to: WINFO@JUPITER.FL.US
Contact our Customer Service at (561) 741-2300 X 2**

A Legible Photo ID and Proof of Ownership is required to be presented for all applications for utility service

Return To:
Town of Jupiter Utilities
210 Military Trl
Jupiter FL 33458-5784

**CONSUMER WATER SERVICE AGREEMENT
TOWN OF JUPITER UTILITIES
210 MILITARY TRAIL, JUPITER FL 33458**

PROPERTIES LOCATED OUTSIDE THE TOWN OF JUPITER'S MUNICIPAL BOUNDARIES

For those **properties located outside the Town of Jupiter's municipal boundaries**, it is fully understood by the property owner that the furnishing of municipal water services to the property described as:

_____, and being located at:
(PROPERTY IDENTIFICATION NUMBER)

(STREET NUMBER, STREET NAME, CITY, STATE, ZIP CODE)

WRITTEN LEGAL DESCRIPTION (USE SEPARATE SHEET OF PAPER IF ADDITIONAL ROOM IS NEEDED):

by the Town of Jupiter, hereinafter referred to as Town, is provided on a conditional basis. As a condition of the Town's provision of water service;

I, _____, hereinafter referred to as the Property Owner on behalf of any of the above
(PLEASE PRINT)

described property, hereby agree to voluntarily annex the above described property into the Town of Jupiter immediately upon the Town's written request. The property owner further agrees in consideration of the privilege of receiving water service from the Town, that the execution of this Agreement shall be considered to be a voluntary Petition for Annexation pursuant to Section 171.044 of the Florida Statutes or any successor or amendment thereto. Furthermore, should any other general law, special act, or local law be enacted which provides for voluntary or consensual annexation, this Agreement shall also be considered a petitionary request for annexation under such other laws. The premises shall be subject to annexation at the option of the Town at any time it is eligible under any one or more of the above referenced laws concerning annexation.

The property owner shall inform any and all purchasers of any or part of this property of this voluntary petition for annexation and its applicabilities to such purchasers. This agreement shall run with the land. By virtue of the recordation of this agreement in the public records of Palm Beach County any and all successors in interest, assigns or heirs shall be similarly bound.

WITNESS:

PROPERTY OWNER:

Signature

Signature

Printed Name

Printed Name

WITNESS:

PROPERTY OWNER:

Signature

Signature

Printed Name

Printed Name

Property Owners Mailing Address: _____

NOTARY CERTIFICATE

STATE OF FLORIDA,
COUNTY OF _____,

I HEREBY CERTIFY that on this _____ day of _____, 20____, personally appeared, _____ and _____ to me known to be the persons described in or who have produced _____ as identification and who executed the foregoing AGREEMENT, and acknowledged before me that he/she executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal in the County and State last above written, this _____ day of _____, 20____.

(SEAL)

Notary Public