



**Town of Highland Beach**  
**3614 S. Ocean Blvd.**  
**Highland Beach, Florida 33487**  
**Phone: (561) 278-4548**  
**Fax: (561) 276-9829**

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## RESIDENTIAL APPLICATION FOR UTILITY SERVICE

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

### General Information

Owner  Tenant  Purchase/Lease Date: \_\_\_\_\_

If a lease, term length \_\_\_\_\_

Service Street Address: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

### Property Owner Information

If renting, please give the following information:

Owner/Landlord Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL CHARGES AT THE ABOVE NOTED PROPERTY. I AGREE TO PAY FOR SERVICES PROMPTLY AT THE RATES ESTABLISHED BY THE TOWN OF HIGHLAND BEACH, AND I AGREE TO ABIDE BY PRESENT AND FUTURE REGULATIONS RELATING TO WATER, WASTEWATER, AND OR RECLAIMED WATER SERVICES AS ESTABLISHED BY THE TOWN OF HIGHLAND.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO THE FINANCE DEPARTMENT AT THE ADDRESS OR FAX NUMBER ABOVE.

### OFFICE USE ONLY:

Location ID: \_\_\_\_\_