



**SOUTH MARTIN REGIONAL UTILITY
APPLICATION FOR WATER AND/OR SEWER SERVICE
RESIDENTIAL OWNER**

9000 S.E. Athena Street, Hobe Sound, FL 33455

NOTE: THERE IS NO MAIL DELIVERY TO OUR PHYSICAL LOCATION

PO Box 395, Hobe Sound, FL 33475

Customer Service Phone: (772) 546-2511

Executive Office Phone: (772) 546-6259

Fax Number: (772) 546-3077

Website: www.southmartinregionalutility.com

Date of application:
Date service to begin (closing date):

Account #

[Internal Use Only]

PLEASE READ AND VERIFY THE INFORMATION BELOW.

The following information and your signature are needed to establish an account with South Martin Regional Utility.

PLEASE PRINT OR TYPE:

Customer Name(s), as reflected on property deed (all names):	Local Home Phone:
	Business Phone:
Service Address:	Cell Phone:
	Fax Number:
Mailing Address:	Development Name:
	Seasonal Resident (Y/N):
Drivers License Number/State:	
Email Address:	

EMERGENCY CONTACT (NOT AT SERVICE ADDRESS):

Name:	Relationship:
Address:	Phone:

The undersigned acknowledges that service is provided subject to strict adherence to South Martin Regional Utility's Uniform Service Policy and may be interrupted pursuant to any violation thereof. Undersigned also agrees to receive and pay for water and/or sewer disposal service in accordance with the rates, rules and regulations of the Utility.

**A ONE-TIME SETUP FEE OF \$30.00 WILL APPEAR ON
YOUR FIRST UTILITY STATEMENT FOR INITIATION OF SERVICE.**

BY APPLICATION, CUSTOMER RECOGNIZES THAT SOUTH MARTIN REGIONAL UTILITY IS NOT RESPONSIBLE FOR LOSS OR DAMAGE AS A RESULT OF INITIATING OR REINITIATING SERVICE. IF YOU DO NOT INTEND TO BE PRESENT AT THE TIME WATER SERVICE IS CONNECTED, BE SURE TO HAVE ALL INSIDE AND OUTSIDE FAUCETS IN THE OFF POSITION.

Signature:	Printed Name:	Date:
Customer Service Rep:		Date: