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 ☐ Condominium

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 the stated above applicant.

Mailing Address: _____
Street City State Zip + 4

Daytime Phone #: _____ Evening Phone #: _____

Emergency Phone #: _____ E-Mail Address: _____

Driver's License #: _____ or State Identification #: _____

or Passport #: _____ Country: _____

PROPERTY OWNER INFORMATION

Property Owner's Name: _____

Mailing Address: _____
Street City State Zip + 4

Phone #: _____ E-Mail Address: _____

Date of Property Purchase: ____/____/____
Month /Day /Year

TENANT INFORMATION

Lease Start Date: ____/____/____ Lease End Date: ____/____/____
Month /Day /Year Month /Day /Year

*** TENANTS: PLEASE ATTACH A COPY OF THE EXECUTED LEASE AND THE PROPERTY OWNER CONSENT OF LEASE AGREEMENT. ***

I understand that I am fully responsible for all charges at the above Property. I agree to pay for services promptly at the rates established by the Utility Special District and the City of Riviera Beach. I agree to abide by present and future regulations relating to utility services as established by the Utility Special District and the City of Riviera Beach.

Applicant Signature: _____ Date: ____/____/____
Month /Day /Year

Please submit completed application and supporting documentation to:

MAIL/IN PERSON
City of Riviera Beach
Finance Department
600 West Blue Heron Blvd.
Riviera Beach, FL 33404

EMAIL
css@rivierabeach.org