



APPLICATION FOR WATER AND SEWER SERVICES

TOWN OF DAVIE
6591 ORANGE DR
DAVIE, FL 33314

Phone: 954-797-1065 Fax: 954-797-1187
utcs@davie-fl.gov

Instructions

- 1. Please complete this form and sign and date at the bottom
2. Include a copy of your lease, Settlement Statement/HUD, Certificate of Title or Deed
3. Mail, fax, email or bring this form to Town Hall with your valid Driver's License or State ID

APPLICANT INFORMATION

For Office Use Only
Account Number _____

Application Date _____

Names of all individuals on Lease/Settlement Statement/Certificate of Title or Deed

Email Address _____

Service Address _____

Billing Address [] Check here if SAME as above [] Other _____

Cell Phone _____ Driver's License # _____ D.L. State _____

Home/Work Phone _____

DATE ON LEASE/HUD TO TURN ON SERVICES ____/____/____

Your relationship to this property [] Owner [] Tenant [] Property Manager [] Other _____

SECURITY DEPOSIT INFORMATION

This deposit will be constructed as guarantee to the Town that all monies owed for providing utility services at the above location will be paid in full. Upon permanent disconnection of water/sewer services, the Town will refund any deposit remaining after deducting all amounts due the Town for such services. Furthermore, the deposit will not preclude the Town from discontinuing for non-payment any and all services regardless of the sufficiency of the deposit to cover past due balances.

Signature _____ Date _____

For Office Use Only
[] Settlement Statement Start Date _____
[] Lease Deposit Paid \$ _____
[] BCPA Work Order # _____
[] Deed/Title
[] Listing Agreement
UTCS Rep
