



CITY OF MARY ESTHER

195 N. Christobal Road, Mary Esther, FL 32569
Phone: 850-243-3566 Ext.15 Fax: 850-243-0736
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RESIDENTIAL WATER SERVICE APPLICATION

Welcome to the City of Mary Esther Water and Sewer System. We appreciate your business and pledge to do our best to deliver exceptional customer service and satisfaction. Please be advised that the City will not be responsible for any damages occurring as a result of turning on the water at your premises. The City of Mary Esther clearly rejects any responsibility or obligation to determine the condition of the water system on the owner and or tenant's side of the meter. It is recommended that someone be at the property when the water is turned on. Open faucets and/or damaged fixtures, water pipes, drains and other factors can cause water damage to the premises once service is turned on. The undersigned expressly assumes responsibility and all liability for any damage to the premises and to any damage to the property of others. The undersigned will indemnify and hold harmless the City of Mary Esther for any resulting damage to the owner and/or tenant's premises and the real and personal property of others.

Application Date: _____ Date of Water Turn On: _____

APPLICANT INFORMATION

Resident's Name: _____

Service Address: _____
(Street) (City) (State) (Zip)

Mailing Address If Different: _____
(Street) (City) (State) (Zip)

Phone Number: _____ (Home) _____ (Cell)

Drivers License or Identification Card # _____ State: _____

Date of Birth: _____

E-mail Address: _____ Receive Bills Via: E-Mail Paper Both
(Optional)

GENERAL INFORMATION

Place of Employment: _____ Phone #: _____

Emergency Contact (Required): _____ Phone #: _____
(Name)

Do You Rent _____ Or Own _____? If Rental, Please provide Landlord information:

Name: _____ Phone Number: _____

Address: _____
(Street) (City) (State) (Zip)

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Joint Applicant Information (Optional)

Joint Applicant: _____ Date of Birth: _____
(Name)

Phone Number: _____

Drivers License or Identification Card # _____ State: _____

Joint Applicant Signature: _____ Date: _____

OFFICE USE ONLY: RECEIVED BY: _____ **DATE:** _____