



CITY OF MARY ESTHER

195 N. Christobal Road, Mary Esther, FL 32569
Phone: 850-243-3566 Ext.15 Fax: 850-243-0736
Email: utilbill@cityofmaryesther.com

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: _____ (Optional) Receive Bills Via E-mail: Yes ___ No ___

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)

Continued ->

Joint Applicant Information

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

Phone Number: _____

Drivers License or Identification Card # _____ State: _____

Joint Applicant Signature: _____ Date: _____

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



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TELEPHONE (850) 243-3566 - FAX (850) 243-0736

NEW APPLICANT ACKNOWLEDGEMENT

Pursuant to Section 119.071 (5), Florida Statutes, Social Security Numbers collected by the City of Mary Esther are confidential and exempt. The requirement to request the Social Security number must be relevant to the purpose for which collected and must be clearly documented. The Social Security Number must be segregated on a separate page from the rest of the record. The requirement for your Social Security Number is MANDATORY.

Section 119.071 (5), Florida Statutes, gives authority for the City of Mary Esther to collect Social Security Numbers if it is stated in writing for its collection and is specifically authorized by law to do so or it is imperative for the performance of the City's duties and responsibilities as prescribed by law. There are many individuals with the same name; therefore, without identifying Social Security Number, it would be difficult and to verify they meet the requirements of the statutes. The City of Mary Esther requires the release of your Social Security Number for one or more of the following purposes or reasons:

- Establishing a Water/Sewer Account; or
- For debt collection purposes; or
- Issuance of business tax receipt (s)

Please understand that the City uses the number for identification verification purposes and only for the City of Mary Esther. **This Social Security Number WILL NOT be a part of the City's public records.** This requirement is for the protection of the City of Mary Esther.

Social Security Number

Acknowledged by:

Customer's Signature

Date:

Customer's Printed Name

City of Mary Esther
Witnessed by:

Employee's Name

Position