



Seminole County Water & Sewer Application for Utility Service

Name on Account (Mr. Mrs. Ms.): _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License -- State: _____ Number: _____

Date Service to Begin: _____ Deposit Amount: _____

Which will you be doing: (Deposits cannot be made online)

- Providing a Letter of Credit Making a Deposit

Please select services requested:

- Water Sewer Irrigation

Do you have an irrigation system? Yes No

Do you have a Backflow Prevention Assembly (BFPA) on your irrigation system?

- Yes No Not Sure

Do you have an auxiliary water supply? (well, lake, pond, reclaimed, other)?

- Yes No Not Sure

Service Address

Street: _____ Subdivision: _____

City: _____ Zip: _____

Mailing Address (If different from Service Address)

Street: _____

City: _____ State: _____ Zip: _____

Submit To

Seminole County Water & Sewer P.O. Box 958443 Lake Mary, FL 32795-8443

Fax: (407) 665-2125 E-Mail: WSCustomerService@seminolecountyfl.gov

Important Information - Please Read

Any account set up after 1200pm that has been disconnected will not be scheduled to have water reconnected until the following business day.

Deposits will be refunded to your account after 12 consecutive months of on time payments. Deposits cannot be made online.

Letter of credit requirements: Must come from previous utility company (water, electric, or gas). Must cover last 12 months of service, no more than 3 late payments, no returned checks, no disconnects for non-payment.

There will be a \$30.00 service charge on your first bill to cover maintenance and administrative costs related to opening your account.

- I am applying for utility service from Seminole County Water and Sewer Utility at the above address. I agree to follow and abide by all rules for utility service and to pay charges in effect as stated on each monthly bill.
- I am also responsible for making sure that all faucets are turned off in the home before the service is established. The county is not liable for damages caused by water faucets or outlets left on.
- I understand that non-payment of my account will result in discontinuation of service.

Signature: _____ Date: _____

(Write or Type Name to Acknowledge Above Statement)