Residential Customer Reference Information

Name: _____ _____ _____
(First) (Middle) (Last)

Social Security #: _____

Driver's License #: _____

Telephone: _____ Email: _____

Spouse's Name: _____ _____ _____
(First) (Middle) (Last)

Owner: _____ Tenant: _____

Service Address: _____ Unit #:_____

_____

Mailing Address: _____ Unit #: _____

_____

Previous Address: _____ Unit #: _____

_____

Place of Employment: _____ Phone: _____

Property Owner Name: _____ Phone: _____

Owner's Address: _____

_____

The undersigned agrees to abide by all City of Pinellas Park rules and ordinances governing the operation and use of water, sanitary sewerage, and garbage collection services. The undersigned agrees that all information on this data sheet is correct.

Signature: _____ Date: _____

Date of Turn On: _____

Deposit Amount: _____

Please return completed form to the City of Pinellas Park Utility Billing Division at:
www.pinellas-park.com/CustomerService