



DELTONA WATER
255 Enterprise Rd
Deltona, FL 32725
386-575-2060

APPLICATION FOR SERVICE

Service Requested: Water _____ Wastewater _____ Irrigation _____ Reuse _____

Date Service Requested: _____

Customer Name _____

Service Address _____

City Limits: Yes No (please circle) Rent Own (please circle)

Subdivision _____ Lot _____ Block _____ Unit/Section _____

Customer Mailing Address _____

City _____ State _____ Zip Code _____

Drivers License # _____ Social Security # _____ - _____ - _____

Home # (_____) _____ Work # (_____) _____

Cell # (_____) _____

If renting home, please complete the following:

Owners Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____

This application is notice that service is desired by the Applicant until receipt of notice from the Customer requesting Discontinuance of such service. The Customer hereby agrees to conform to the City of Deltona's policies, Tariffs, Rules and Regulations, which are in effect and on file with Commission/Regulatory Authority. Upon compliance with the policies, Tariffs, Rules and Regulation, the City of Deltona shall initiate service without unreasonable delay.

Signature _____

Date _____