



TOWN OF MANALAPAN

600 South Ocean Boulevard, Manalapan, Florida 33462-3398

Telephone (561) 383-2543 Fax (561) 585-9498

Email: utilities@manalapan.org

UTILITY DEPARTMENT APPLICATION FOR SERVICE

This completed form, proof of ownership or current lease and valid photo ID **must** accompany the deposit prior to service connection. **Please contact the Utilities Department to obtain the deposit amount.** *(NOTE: If you are opening the account for someone other than yourself, a notarized letter from the applicant is required).*

Today's Date: _____

Date Service Required: _____

Please indicate the following: ☐ Owner ☐ Tenant ☐ Property Management Co. ☐ Builder/Contractor

Type of Residence: ☐ House ☐ Apartment ☐ Townhouse ☐ Commercial

Applicant's Name: _____
(THE SECURITY DEPOSIT PLACED ON THIS ACCOUNT WILL BE REFUNDED ONLY TO THE ABOVE APPLICANT)

Service Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Telephone #: _____ Email Address: _____

Emergency Contact: _____ Emergency Phone #: _____

By signing this application, the applicant agrees to observe all of the Town Ordinances and regulations now or hereafter adopted relating to utility service including the right of the Town to access the premises for all lawful activity related to the provision of utility service. The applicant also acknowledges that all bills are due and payable on or before the date set forth on the bill. If any bill is not paid by said date, a second bill will be mailed containing a shut off notice. Failure to pay by the date listed will result in service interruption for nonpayment and a reconnection fee will be apply. Customers disputing the accuracy of their bill have a right to contest said bill under the provisions of 50.55 & 51.51 of the Manalapan Town Code.

Applicant/Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Account No.:	Customer ID No.:
Meter Size(s): 5/8" / 3/4" / 1" / 1-1/2" / 2" / 3" / 4"	Water Service Deposit: \$
New Meter Connection Fee: \$	Sewer Service Deposit: \$
Impact Fee(s): \$	Franchise Fee(s): \$
TOTAL AMOUNT PAID: \$ _____	
Payment Method: Cash; Check/ Money Order (Ck/MO #: _____)	