

APPLICATION FOR NEW SERVICE

**CEDAR KEY WATER AND SEWER DISTRICT
P.O. BOX 921
CEDAR KEY FL 32625
352-543-5285
alicia@ckwater.org**

Name of Applicant: _____ Phone _____

Address: _____

Owner of Property: _____ Phone _____

Address: _____

Service Address (or other location description): _____

Type of Service Requested: _____ Water Only _____ Water and Wastewater

Proposed Use: _____

FEES

Security deposit: \$ _____

New meter charge: \$ _____

Meter installation: \$ _____

Total: \$ _____

NOTE: Pursuant to state law and District regulations, a Backflow Prevention Device (BFD) is required to be installed by the customer under certain circumstances. Staff has reviewed this installation and has determined that a BFD _____ is _____ is not required for this connection. If a BFD is required, water service cannot be turned on until the BFD is installed. Please contact John McPherson at 352-543-5285 for additional information.

NOTE: Approval of water and wastewater service does not authorize any building, remodeling, or construction activity to take place. Please contact the City of Cedar Key for building and zoning approval prior to any such activity.

Signature

Date