

**CITY OF SOPCHOPPY  
WATER SYSTEM  
P. O. Box 1219  
Sopchoppy, FL 32358  
(850) 962-4611  
(850) 962-3429 fax**

LOCATION USE: \_\_\_RESIDENTIAL \_\_\_COMMERCIAL

<b>OFFICE USE ONLY</b>	
Acct #	_____
Meter Name	_____ Meter Size _____
Meter #	_____
Meter Reading	_____

NEW METER TAP FEES (RESIDENTIAL)	
5/8"	\$1,675.00
1"	\$3,970.00
1 1/2"	\$6,060.00
2"	\$12,420.00
3"	\$14,652.00
4"	\$24,597.00

TO ESTABLISH WATER SERVICE REQUIRES \$100.00 DEPOSIT + \$50.00 ADM. FEE=\$150.00 TOTAL FOR OWNER & \$150.00 DEPOSIT + \$50.00 ADM FEE = \$200.00 TOTAL FOR TENANT. CURRENT PICTURE I.D. IS REQUIRED. <b>ADM. FEES ARE NON REFUNDABLE</b>
--

WATER RATES: 0-3000 GALLONS=\$15.00 (INSIDE CITY LIMITS) \$21.00 (OUTSIDE CITY LIMITS)  
3,000 GALLONS AND UP, \$3.00 PER THOUSAND

## WATER SERVICE AGREEMENT

Date: \_\_\_\_\_ \_\_\_OWNER\_\_\_TENANT

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Water Service Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

LOT #  _____
--------------------

Home Phone: \_\_\_\_\_

Driver's License# \_\_\_\_\_

Place of Employment \_\_\_\_\_

Date of Birth \_\_\_\_\_

Requested turn on date: \_\_\_\_\_

Special Instructions \_\_\_\_\_

I UNDERSTAND THAT I WILL RECEIVE A BILL ON OR ABOUT THE FIRST OF EACH MONTH FOR WATER USAGE. THE BILL IS DUE WHEN RECEIVED AND IF NOT PAID BY THE 20<sup>TH</sup> OF THE MONTH I WILL BE ASSESSED A 10% PENALTY. I ALSO UNDERSTAND THAT IF MY ACCOUNT IS NOT PAID BY THE FIRST OF THE FOLLOWING MONTH THE CITY MAY DISCONTINUE MY WATER SERVICE AND BEFORE SERVICE IS RESUMED MY ACCOUNT BALANCE AND A \$50.00 RECONNECT FEE MUST BE PAID IN FULL.

SIGNATURE: \_\_\_\_\_

**(THIS FORM IS SUBJECT TO THE "PUBLIC RECORDS REQUEST LAW")**