



**DELTONA WATER**  
255 Enterprise Rd  
Deltona, FL 32725  
386-575-6800

Deposit = Call for exact amount, as the amount of deposit is determined by services provided and meter size. The deposit must be paid prior to service being connected. **A lease or proof of ownership is required before service can be started.**  
A Service Initiation Fee will be billed on your first statement.

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Application for Service

Customer Number: \_\_\_\_\_

**OFFICE USE ONLY**

Date Service Requested: \_\_\_\_\_

**(Deltona Water requires 1 business day notice, prior to turning on service.)**

Service Requested: Water \_\_\_\_\_ Wastewater \_\_\_\_\_ Irrigation \_\_\_\_\_ Reuse \_\_\_\_\_

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

Service Address \_\_\_\_\_

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

Customer Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Customer Information:

Drivers License # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If renting - Please complete the following:

Owners/Landlord Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

This application is notice that service is desired by the Applicant until notice is received from the Customer requesting Discontinuance of such service. The Customer hereby agrees to comply with the City of Deltona's policies, ordinances and resolutions. Upon Compliance the City of Deltona shall initiate service with out unreasonable delay. Deposits are held for the duration of the account in a non-interest bearing account.

By signing below you agree that the City of Deltona is not responsible for any water damage caused by taps or faucets left open and any obstruction or defective service lines. If the meter registers more than 10 gallons when it is turned on the meter will be turned off. A fee will be charged for a return visit. Scheduling cannot be guaranteed for the same day.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

DELIVERY OF THM INFORMATION

IN PERSON \_\_\_\_\_ USPS MAIL \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX \_\_\_\_\_