



**LOCATION ID: \*\*AGREEMENT FOR MULTIPLE ADDRESSES\*\***

**SERVICE ADDRESS:** 551 KATHY CT – 672 KATHY CT, 6894 SW 5<sup>TH</sup> ST – 6954 SW 5<sup>TH</sup> ST, 6895 SW 7<sup>TH</sup> ST - 6951 SW 7<sup>TH</sup> ST

**ORDINANCE # 79-62**

AN ORDINANCE PROVIDING FOR SERVICE AVAILABILITY CHARGES REGARDLESS OF WATER CONSUMPTION:

- A) THE SERVICE AVAILABILITY CHARGE IS TO BE CHARGED EACH MONTH TO ALL STRUCTURES OR PARTS OF STRUCTURES WHICH HAVE FACILITIES FOR WATER AND SEWER.
- B) WATER AND SEWER AVAILABILITY CHARGES SHALL BE PAID REGARDLESS OF WATER CONSUMPTION FOR ANY PARTICULAR MONTH. IT IS EXPRESSLY ESTABLISHED HEREIN THAT WATER SHUTOFF OR DISCONNECTION FROM THE CITY WATER AND SEWER FACILITY SHALL NOT CONSTITUTE SEPARATION FROM THE SYSTEM, EXCUSING PAYMENT OF THE WATER AND SEWER AVAILABILITY CHARGES.
- C) IN ACCORDANCE WITH THE CONTRACT THAT EXISTS BETWEEN THE CITY OF MARGATE AND REPUBLIC SERVICES. THERE NO LONGER EXISTS A VACATION CREDIT. THEREFORE, WHETHER THE PROPERTY IS OCCUPIED OR NOT, OR RECEIVES GARBAGE PICKUP, THE ACCOUNT WILL STILL BE BILLED THE MONTHLY GARBAGE CHARGE, PLUS RECYCLING CHARGE.

I hereby request that the City of Margate supply water service and sewer service at the above premises. I agree to pay for both water and sewer service promptly each period, at the rate or rates therefore established from time to time by the City of Margate, and abide by the rules and regulations for water and sewer service established by the City of Margate in Chapter 39 of the Margate City Code, (available for viewing at the City Clerk’s Office or at <http://www.municode.com/Library/FL/Margate>). Water service shall be discontinued by the City if payment has not been received as mandated by the City of Margate.

There \_\_\_\_\_(is/is not) a tenant at this service address. \_\_\_\_\_ (initial) You must notify the City of Margate, if subsequent to executing this agreement, a tenant is residing at this service address.

THIS DEPOSIT IS NOT TRANSFERABLE, AND IT IS REDEEMABLE ONLY BY THE CUSTOMER WHOSE NAME APPEARS HEREON.

Please Print

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Enroll in e-bill:  Yes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_