

## **KW Resort Utilities Corp**

P.O. Box 2125 Key West, FL 33045 305.295.3301 FAX 305.295.0143 www.kwru.com

## **APPLICATION FOR WASTEWATER SERVICE**

Date:	Date	Date Service Requested:		
Service Address:				
Florida Keys Aqueduct Account Number	ber(s)			
Owner	☐ Tenant	☐ Agent	t / Landlord	
Agent / LandlordName	Address	2	Telephone Number	<u> </u>
			•	
Applicant Name				
Telephone Number		Telephone Number		_
E-Mail		E-Mail		_
Mailing Address for Bills:				
Street				_
City	State		Zip Code	_
CHECK ONE OF THE FOLLOWI	<u>NG:</u>			
Single Family Customer	Comm	nercial		
	Corporation -	State	Federal Id#	
	Other Busines	ss Owners – Names &A	ddresses	
Tenants: A copy of your signed lease	e is required and to be retur	rned with the application	n along with a copy of your Driver's License.	_
PRINT NAME		#2 APPLICA	NT PRINT NAME	

## **ALL APPLICANTS:**

Application, Driver's License Copy, and Copy of Lease can be sent by:

- **♣** MAIL
  - KW Resort Utilities Corp P.O. Box 2125 Key West, FL 33045
- **♣** FAX
  - 0 305-295-0143
- **EMAIL** 
  - o INFO@KWRU.COM
- **♣** DROP BOX
  - o 6630 Front Street in Stock Island

Please Note that your Escrow/Security Deposit (as required by the Florida Public Service Commission) will be applied to your first bill.

## PAY YOUR BILL ONLINE!

It is quick and easy just go to www.kwru.com and click this button



- AUTO DEBIT
- SCHEDULE PAYMENTS
- MANAGE YOUR ACCOUNT
- VIEW YOUR CURRENT BILL OR PREVIOUS MONTHS
- NOW EXCEPTING CREDIT/DEBIT CARDS