

**WAKULLA COUNTY**  
**SEWER SERVICE**  
C/o City of Sopchoppy  
P. O. Box 1219  
Sopchoppy, FL 32358  
(850) 962-4611, (850) 962-3429 fax

LOCATION USE: \_\_\_ RESIDENTIAL \_\_\_ COMMERCIAL

**OFFICE USE ONLY**

Acct # \_\_\_\_\_

Meter Reading \_\_\_\_\_

**SEWER DEPOSIT CHARGES**  
RESIDENTIAL = **\$110.00**  
COMMERCIAL/INDUSTRIAL = **\$370.00**

**RESIDENTIAL**= zero to 2,000 gallons=\$40.02, 2000 gallons and up, \$6.01 per thousand

**COMMERCIAL**=\$60.02 per month plus \$6.01 per thousand-gallon usage (under 12,000 gals.)  
= \$120.02 per month plus \$6.01 per thousand-gallon usage (above 12,000 gals.)

## SEWER SERVICE AGREEMENT

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

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

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

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

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

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

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

I UNDERSTAND THAT I WILL RECEIVE A BILL ON OR ABOUT THE FIRST OF EACH MONTH FOR SEWER 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 \$5.00 PENALTY. I ALSO UNDERSTAND THAT IF MY ACCOUNT IS NOT PAID BY THE FIRST OF THE FOLLOWING MONTH THE CITY MAY DISCONTINUE MY 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")