



**CONTRACTOR/ BUILDER UTILITY SERVICE APPLICATION**

Phone: 863-291-5678 Fax: 863-298-7870 Website: [www.mywinterhaven.com](http://www.mywinterhaven.com) • Email: [uafsddivision@mywinterhaven.com](mailto:uafsddivision@mywinterhaven.com)

Contractor/ Builder's Name: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
City State Zip Code

Parcel Id: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Have you ever had a utility account with the City of Winter Haven before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note, if applying for New construction domestic and irrigation meter installation, the irrigation meter will be set 30 days from date of impact fee payment.

To prevent water damage, make sure all water faucets are turned off prior to the scheduled connection date, the City is not responsible for damages resulting from open, leaking or missing fixtures. If water is found to be running when we attempt service connection, service will not be connected until someone is present at the service address. I acknowledge the provisions of the City's Water Conservation Ordinance and water restrictions established by SWFWMD, the Florida Administrative Code and/or the City Manager. Violations may result in fines of up to \$500. I hereby request utility service from the City of Winter Haven at the above service address and agree to pay all appropriate fees and charges as assessed.

<b><u>Fire Hydrant Fees</u></b>	<b><u>Inside City</u></b>	<b><u>OR</u></b>	<b><u>Outside City</u></b>
<b>Builder/ Contractor Material Deposit</b>	<b>\$1,137.22</b>		<b>\$1,421.52</b>
<b>Builder/ Contractor Consumption Deposit</b>	<b>\$ 482.45</b>		<b>\$ 603.06</b>
<b>Administrative Hook-up Fee</b>	<b><u>\$ 137.82</u></b>		<b><u>\$ 172.27</u></b>
<b>Total Cost for Hydrant Meter</b>	<b>\$1,757.49</b>		<b>\$2,196.85</b>

**New Construction Impact Fees Vary by Address.**

I agree to the statements listed above and acknowledge that, to the best of my knowledge, all the above information provided is true and correct. Incorrect information may result in disruption of service and/or additional service charges.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

Deposit Amount: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Turn On Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Cycle: \_\_\_\_\_ Route/Page: \_\_\_\_\_ Location Code: \_\_\_\_\_

Notes: \_\_\_\_\_

**Meter Size:** Domestic: \_\_\_\_\_ Irrigation: \_\_\_\_\_ Reuse: \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_