



# RESIDENTIAL UTILITY SERVICE APPLICATION

Phone: 863-291-5678 ♦ Fax: 863-298-7870 ♦ Email: [uafsddivision@mywinterhaven.com](mailto:uafsddivision@mywinterhaven.com)  
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**REQUIRED DOCUMENTS INCLUDE: Picture Identification, Social Security Documentation, and one of the following Property Ownership Documents: Fully executed and signed Lease/ Rental Agreement, Closing disclosure, Settlement statement, Warranty deed, or Property Tax statement.**

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Service Address: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

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

Have you ever had a utility account with the City of Winter Haven before? \_\_\_ Yes \_\_\_ No If yes, please state the name and service address: \_\_\_\_\_

Is the property newly constructed or currently being remodeled? \_\_\_ Yes \_\_\_ No

If this property has an irrigation meter, would you like it turned on? \_\_\_ Yes \_\_\_ No If No, requests for turn on at a later date will be charged a turn on fee.

If service address is LEASED or RENTED, please complete this section. **Copy of lease is REQUIRED.** Name of Rental Agency

Or Landlord: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

On-site pets must be secured in areas away from water meter location(s) in order for utility staff to access. The City is not responsible for damages caused by open, leaking, or missing fixtures. To prevent water damage, verify all water faucets are turned off prior to the scheduled connection date. Service will not be connected until someone is present at the service address if water is found to be running when we attempt service connection. By signing, I acknowledge the provisions of the City's Water Conservation Ordinance, Watering restrictions established by SWFWMD, the Florida Administrative Code and/or the City Manager, and all applicable deposits, fees and rates. 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.

<u>Service Charges:</u>	<u>Inside City</u> OR <u>Outside City</u>	<u>Deposit Amounts:</u>
<b>New/ Initial Account Charge</b>	<b>\$62.44</b> <b>\$78.04</b>	<b>Water &amp; Sewer</b> <b>\$180.92</b>
<b>Transfer of Service</b>	<b>\$48.19</b> <b>\$60.23</b>	<b>Temporary 15 days</b> <b>\$141.08</b>
<b>Temporary 15 day Turn on fee</b>	<b>\$31.21</b> <b>\$39.01</b>	<b>Outside Water Only</b> <b>\$90.45</b>
<b>New Account Fee Garbage Only</b>	<b>\$31.21</b>	<b>Inside Garbage Only</b> <b>\$59.23</b>
<b>Irrigation Turn On fee</b>	<b>\$31.21</b> <b>\$39.01</b>	

\*\*\*Prices Vary By Service 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: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Third Party Use Only

As a third party, I acknowledge that I have obtained authorization from the above listed applicant to provide you with the required documentation to open a utility account with the City of Winter Haven.

Third Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Third Party Driver's License #: \_\_\_\_\_

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

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

Notes: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_