

Required Documentation: Property Ownership Documentation / Rental Agreement, Picture Identification, and Social Security Documentation.

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 _____

Below list required deposits and fees for establishing services. Prices are determined by geographic location, not by a credit check.

Service Charges	Inside City	Outside City	Required Deposit	Amount
New Account Charge	\$62.44	\$78.04	Water and Sewer	\$180.92
Transfer of Service	\$48.19	\$60.23	15 Day Temporary	\$141.08
Temporary Turn On	\$31.21	\$39.01	Outside City Water Only	\$90.45
Garbage Account fee	\$31.21	N/A	Inside City Garbage Only	\$59.23
Same Day Service	\$70.00	\$87.50	N/A	N/A

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: _____

If service address is LEASED or RENTED, please complete this section. **Copy of lease is REQUIRED.** Name of Rental Agency Or Landlord: _____ Landlord Phone #: _____

Date would you like your services to start: _____ For next business day service there is no additional fee.

Please be advised there is a additional fee for Same Day Service.

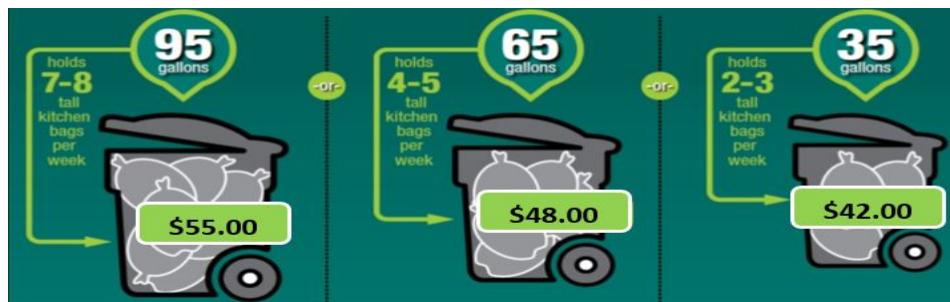
Would you like Same Day Service? Yes No If Yes, someone at least 18 years of age must be present.

Would you like your new Account Fee split over four bills? Yes No. If No, this will be billed in full on the first bill.

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

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

Do you need a Garbage can? Yes No Do you want this billed all at once or split into four payments? Once Four Payments
Please Select Size Below:



Do you need a Recycle Bin? Yes No Recycle Bins are only 65 gallons. There is no charge for a recycle bin.

Please Intial _____



RESIDENTIAL UTILITY SERVICE APPLICATION

Phone: 863-291-5678 ♦ Fax: 863-298-7870 ♦ Email: uafsddivision@mywinterhaven.com
Website: www.mywinterhaven.com ♦ Address: PO Box 2277 Winter Haven, FL 33883-2277

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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 from 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.

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: _____ A/S Initials: _____ Date: _____

Total Amount Charged: _____ P/S Initials: _____ Date: _____