



**Polk County Utilities Application for Commercial Service**

Physical Address: 1011 JIM KEENE BLVD, WINTER HAVEN, FL 33880

Mailing Address: PO BOX 2019, BARTOW, FL 33831

Customer Service: (863) 298-4100

**Fax Signed Application to: Fax ( 8 6 3 ) 2 9 8 - 4 1 1 1**

**\*\*This Application Must be Completed and Signed by an Authorized Person\*\***

**Please Print Legibly**

Account Name: \_\_\_\_\_ Date for Service to Begin: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Have you ever been a commercial customer of Polk County Utilities?                
**YES** **No**

Name and Address of Business: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**MONTH DAY YEAR**

Federal Tax I.D. #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**CONTACTS**

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

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

I understand that utility charges are due when rendered and will pay all costs, charges and expenses, including reasonable attorney's fees for the collection of all unpaid balances. Deposits are based on usage and are subject to periodic review and adjustments. Customer signature indicates acknowledgement that connection fees will be evaluated by staff at least annually and if actual usage is greater than estimated, additional fees will be assessed in accordance with peak 3-month actual usage, the appropriate Ordinance, and current rates at that time.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature is Required on this Application**

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**OFFICE USE ONLY**

Account #: \_\_\_\_\_

CSR: \_\_\_\_\_

Water: \_\_\_\_\_ Cash: \_\_\_\_\_ WF: \_\_\_\_\_

Sewer: \_\_\_\_\_ Chk/Mo: \_\_\_\_\_

NAF: \_\_\_\_\_ CC: \_\_\_\_\_

SDS: \_\_\_\_\_ IVR: \_\_\_\_\_



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**COMMERCIAL QUESTIONNAIRE**

**Please Print Legibly**

Name of Business: \_\_\_\_\_

What was the facility previously used for? \_\_\_\_\_

What will the facility be used for now? \_\_\_\_\_

How many restrooms? \_\_\_\_\_ Is there a kitchen facility?                
YES No

Is any construction necessary?               If yes, what: \_\_\_\_\_  
YES No

\_\_\_\_\_

We will contact you within 3 business days with your deposit quote.

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**OFFICE USE ONLY**

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deposit Quoted by: \_\_\_\_\_ Date: \_\_\_\_\_