



Polk County Utilities Application for Water and/or Sewer 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 and a Copy of all Required Documents listed below to: Fax (8 6 3) 2 9 8 – 4 1 1 1

Instructions: The following information is needed to establish your account with Polk County Utilities Department. Read and complete the information below. **Indicate exactly how you would like the name on the account (1 name only)**

****Important Note: A copy of a valid State issued Picture I.D. and credit or debit card information (Visa, MasterCard or American Express) must accompany this completed application. Checks should be made payable to Polk County Utilities.**

Please Print Legibly

Customer Name: _____
Only ONE person's name can be listed on the Utility Account

Service Address: _____ City: _____ Zip: _____
(Please verify address is correct as additional charges could be incurred for corrections and or trip charges)

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Social Security # or Passport #: _____ Driver's License #: _____ Issuing State: _____

Local Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Spouse's Name: _____

Number of Occupants: _____ Purchase or Lease Date: _____

Date for Service to Begin: _____

Are you or your spouse a current or previous customer of Polk County Utilities? Yes No If yes, provide

service address or account #: _____ Email Address: _____

Polk County Utilities **does require a deposit to establish an account** with the Department. The deposit is non-negotiable or transferable between individuals. By this application the customer recognizes that Polk County Utility Department is not responsible for loss or damage as a result of initiating service. It is further understood, failure to pay Polk County Utilities for services rendered could result in interruption of service and all associated fees would be required to reinstate said service. The Department reserves the right to assess late fees for payments rendered after the due date. Unfortunately, we are unable to provide the exact time of service connection.

Signature: _____ Date: _____
Signature is Required on this Application

Owner: _____ Tenant: _____ If Agent, Print Name: _____ Phone # _____

Blanket Deposit Master Account # (if applicable): _____

Credit Card #: _____ Expiration Date: _____ MC: ___ Visa: ___ AMEX: ___

Last 3 digits on the back of the Credit Card: _____ Billing Zip Code for Credit Card: _____

FOR OFFICE USE ONLY

CUSTOMER ID: _____ LOCATION ID: _____ CSR: _____

- Phone _____ Water _____
- Mail _____ Sewer _____
- Office _____ NAF (Non-refundable Fee) _____
- Fax _____ SDS (Non-refundable Fee) _____
- Drop Box _____ AH _____
- Transfer Existing Customer Initial WF _____
- Blanket Deposit Force Off WF _____
- Credit Card Reuse WF _____