



**Polk County Utilities**

**Authorization for Name Change Form**

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

Mailing Address: PO BOX 2019, BARTOW, FL 33831

Customer Service: (863) 298-4100

Date: \_\_\_\_\_

Re: Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Please let this letter serve as authorization to transfer the deposit of \$ \_\_\_\_\_ in the name of \_\_\_\_\_, located at \_\_\_\_\_

to \_\_\_\_\_

I, \_\_\_\_\_, accept responsibility for the service, as well as the deposit and all billings (past due, current and future). Our signature, as well as the notarization at the bottom of this page, gives Polk County Utilities the authority to change the name on this account as of this date.

Signed: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Signature Must Be Signed in Front of a Notary Public*

Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Signed: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Signature Must Be Signed in Front of a Notary Public*

Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_

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**NOTE: NOT VALID UNLESS NOTARIZED**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The forgoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_,  
*(Name of Original Utility Customer)*

and \_\_\_\_\_,  
*(Name of Utility Customer Transferee)*

\_\_\_\_\_ as identification(s).

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*Serial #*

\_\_\_\_\_  
*Expiration Date*

**Original Signed & Notarized Authorization Form Must be Sent to Polk County Utilities**



**Polk County Utilities Name Change 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 \_\_\_\_\_