



APPLICATION FOR WATER AND/OR SEWER SERVICE

POLK COUNTY UTILITIES DEPARTMENT
WINTER HAVEN OFFICE: 1011 JIM KEENE BLVD
MAILING ADDRESS: PO BOX 2019 BARTOW, FL 33831
CUSTOMER SERVICE: PH: (863) 298-4100 Fax: (863) 298-4111

Instructions: Please fill out the following information and forward to Polk County Utilities at the Utilitiesnewservices@polk-county.net email address. Indicate exactly how you would like the name on the account (one name only) the new customer account will be set up and all applicable charges applied to the account. Customers are required to provide a copy of an approved State ID (i.e. driver's license) with their application. A PCU representative will contact the customer with the new account number information. The customer will be required to pay charges through check (*make checks payable to: Polk County Utilities*), money order, cash, Amscot or can be paid via the customer using our on-line payment options. Credit card payments must be handled by the customer only. Polk County Utilities cannot take any credit card payments over the phone or via email. Customers are always welcome to visit the Polk County Utilities office to make payment.

Please Print Legibly

Customer Name: _____

Secondary Account Name (Optional): _____
(A secondary account user has authorization to make changes to the account on behalf of the primary account holder)

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 from above) _____

City: _____ State: _____ Zip: _____

Driver's License #: _____

Local Phone:(_____) _____ Other 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? _____ If yes, please provide

Service address or account number: _____ E-Mail 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 4:30pm on the due date.** Unfortunately, we are unable to provide an exact time of service activation.*

Signature: _____ Date: _____

Owner Tenant If Agent, Print Name: _____ Phone () _____

Blanket Deposit Master Account # (if applicable) _____

FOR OFFICE USE ONLY

CUSTOMER ID: _____ **LOCATION ID:** _____ **CSR:** _____

Phone Transfer Existing Customer
Mail Blanket Deposit
Office Credit Card
Fax Email
Drop Box

INITIAL WF: _____

WATER: _____ FORCE OFF WF: _____

SEWER: _____ REUSE WF: _____

NAF: _____ **(Non-refundable Fee)**