



## 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](mailto: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 #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ *(If applicable)*

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)**