

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

Send this application via e-mail to: <u>UtilitiesNewServices@Polk-County.net</u> or fax to (863) 298-4111

This Application Mu	st be Completed a	nd Signed by an Autho	rized Person			
Please Print Legik	oly					
Account Name:			Date for S	Date for Service to Begin:		
Service Address:			City:		Zip:	
Mailing Address (if o	different):					
City, State, Zip:						
Have you ever been	a commercial cu	stomer of Polk Count	y Utilities?	No		
Name and Address	of Business:					
Owner Name:		Date o	of Birth:			
			MONTH	DAY	YEAR	
Federal Tax I.D. #:_						
		CON	TACTS			
Contact Name:		Title:		_ Contact Ph	one #:	
Contact Name:		Title:		_ Contact Ph	one #:	
of all unpaid balances. Depthat connection fees will be	posits are based on usa evaluated by staff at le	age and are subject to period	ic review and adjustmen ge is greater than estimate	its. Customer signat	attorney's fees for the collection ure indicates acknowledgement will be assessed in accordance	
Authorized Signature: Signature is Required on the			_ Title:	D	ate:	
	Signature is Requi	red on this Application				
Driver's License #:			Issuing State:			
OFFICE USE ONLY						
Account #:						
CSR:						
Water:	Cash:					
Sewer: NAF:	Chk/Mo: CC:					
SDS:	IVR:					



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COMMERCIAL QUESTIONAIRE

Please Print Legibly						
Name of Business:						
How many restrooms?	Is there a kitchen facility? No					
Is any construction necessary?	No If yes, what:					
We will contact you	within 3 business days with your deposit quote.					
OFFICE USE ONLY Comments:						
Deposit Quoted by:	Date:					