

Account # _____

POLK CITY UTILITIES

RESIDENTIAL APPLICATION

123 BROADWAY BLVD., SE
POLK CITY, FL 33868

MONDAY-THURSDAY
8:00AM-5:00PM

PHONE 863-874-4808
FAX 863-984-2334

Circle appropriate: **Owner** **Lease/Tenant** **New Construction** **Realtor**

Name of Applicant: _____ Co-Applicant: _____

Service Address: _____ Start Service on: _____

Billing Address: _____

Land Lord Name: _____ Address: _____

Applicant SS# _____ - _____ - _____ Date of Birth: _____ DL# _____

Co-Applicant SS# _____ - _____ - _____ Date of Birth: _____ DL# _____

*Social Security numbers are for internal use only.

Home phone () _____ - _____ Other () _____ - _____ Email Address for E-bill: _____

Co-Applicant Phone () _____ - _____ Other () _____ - _____

Place of Employment: _____ Work Phone () _____ - _____

Address: _____

Previous accounts with Polk City Utilities? _____

Alternate Emergency Contact and phone number: _____

Signature of Applicant _____ Date _____ Initial here _____

Signature of Co-Applicant _____ Date _____ Initial here _____

Landlord Signature: _____ Date: _____

*****All rental properties MUST HAVE owner of the property sign and date application*****

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Property	Inside City	Light Score	Cash	MO #	Check #	Receipt #	Adverse Letter Given
Owner Occupied	\$150.00	Green	Y or N				Y or N
Tenant Occupied	\$150.00	Yellow	Y or N				Y or N
High Risk 2x Dep	\$300.00	Red	Y or N				Y or N

rev 8/12/14

Signature of UB Clerk _____ Date _____

_____ Check RTS W/ Finance _____ Balance due must be paid prior to turn on

_____ Permit paid for new construction