

POLK CITY UTILITIES

COMMERCIAL APPLICATION

Account # _____
Location Id _____
Prev Acct # _____

**123 BROADWAY BLVD., SE
POLK CITY, FL 33868**

**PHONE 863-874-4808
FAX 863-984-1984**

Circle appropriate: New Business New Construction Realtor

Name of Business: _____ Contact Person: _____

Service Address: _____ Start Service on: _____

Billing Address: _____

Previous Address: _____

Email address: _____

Business phone () _____ - _____ Fax () _____ - _____ Other () _____ - _____

EIN# or SS# _____ Authorized person to make account changes: _____

Have you ever had an account with the Polk City Utilities before? Yes _____ No _____

If yes, please list previous account address _____

Services Needed: _____ Water _____ Sewer _____ Garbage (Regular Can p/u _____ or Dumpster _____)

Do you have an irrigation system? Yes _____ No _____

Where does the irrigation water come from? Public system _____ Well _____ Lake _____

Do you want an irrigation meter? Yes _____ No _____

Alternate Emergency Contact and phone number: _____

All monthly utility bills must be paid in full the 25th of the month to avoid a late fee of \$10.50. All delinquent accounts will receive a \$50 Nonpayment fee if not paid on the 5th of the following month prior to service interruption. If services are interrupted, a \$55 reconnect fee must be paid in addition to the delinquent bill and the \$50 nonpayment fee in order to reinstate service. Tampering with the meter in any way may result in a fine, criminal charges, and penalties.

Please contact our office for any questions regarding your bill. Water Department Office hours are Monday - Friday 8:00am - 5:00pm. Any service requests received after 2:00pm may be processed the next business day.

Authorized Agent: _____ Date _____ Initial here _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Property	Inside City	Outside City	Light Score	Cash	Check #	MO #	Receipt #	Adverse Letter Given
Commercial Deposit	300.00	300.00	Green	Y or N				Y or N
Other			Yellow	Y or N				Y or N
			Red	Y or N				Y or N

Signature of _____ Date _____
UB Clerk _____