

POLK CITY UTILITIES

RESIDENTIAL APPLICATION

123 BROADWAY BLVD., SE
POLK CITY, FL 33868

MONDAY-THURSDAY
7:30AM-5:00PM

Account # _____
Loc ID# _____
Prev Acct# _____

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

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.

Email Address for E-bill: _____

Secondary Email address: _____

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

Previous accounts with Polk City Utilities? _____

Alternate Emergency Contact and phone number: _____

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Landlord Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

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

Signature of UB Clerk _____ Date _____