

# 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 \_\_\_\_\_