

Utility Billing 620 E. Main Street Haines City, FL 33844 Phone (863) 421-3600 Fax (863) 421-3663

Residential Utility Application

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Applicant's Name:		Social Security #:		
Driver's License #:	Birth Date: Cell Phone #:			
Home Phone #:				
Email Address:	Start Date:			
Service Address:				
Mailing Address:				
Spouse/Roommate:				
Have you previously had a City of Haines City Util	ity Account	? Yes	No	
If yes, list service address:				
Does this property have an irrigation meter?		Yes	No	
If yes, would you like it turned on?		Yes	No	
If no, and wish to begin service later, please know to	that an activ	ation fee w	vill be assessed	ı .
Is service location rental property?		Yes	No	
If yes, Agent/Landlord		Phone #:		
Fees		Deposi	ts	
New Service Fee for Inside/Outside Services	\$20.00	Inside		\$140.00
Temporary (15 days) Service Fee Inside/Outside	\$20.00	Outside		\$175.00
After Hours Fee (3:30 pm -5:00 pm		Temporary		\$ 50.00
		Garbage Only		\$ 50.00
I have read the Utility Account Information	ı Form.			
I have read the Watering Restrictions Form	and am awa	are if violat	ed may result i	in fines.
Please ensure that all faucets are turned off and it is determined that water is running, so	-			

Documentation Required: Picture ID (Driver's License, Military Id or Passport) and Proof of Residence (Signed Rental Agreement, Settlement Statement, Property Tax Statement or Warranty Deed)

I agree to the statements listed above and to the best of my knowledge, all information submitted is correct. Incorrect information may result in disruption of service or additional service charges.				
Applicant's Signature:	Date:			
Co-Applicant's Signature	Date:			

FOR OFFICE USE ONLY

Account #:	Receipt #:	Deposit Amount:
Staff Initials:	Date:	Notes: