



# HAINES CITY

THE HEART OF FLORIDA

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

## Utility Application Commercial

Business Name: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
 Business Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Person requesting service on behalf of business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ Social Security #/ TIN: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Service to begin on: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Have you ever had an account with the City of Haines City? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please list serviced address: \_\_\_\_\_

Does this property have an irrigation meter? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, would you like it turned on? Yes \_\_\_\_\_ or No \_\_\_\_\_

If no, an additional fee will be charged if turned on at a later date.

Is service address rented? Yes \_\_\_\_\_ or No \_\_\_\_\_

Rental Agent/ Owner : \_\_\_\_\_ Phone #: \_\_\_\_\_

New Service Fees	Cost	Deposits	Cost
New Service Fee for Inside/Outside Services	\$ 20.00	Inside	\$ 210.00
Temporary (15 days) Service Fee Inside/Outside	\$ 20.00	Outside	\$ 262.50
Temporary Hydrant Meter	\$ 30.00	Temporary	\$ 100.00
After Hours Fee (3:30 -5:00)	\$ 50.00	Temporary Hydrant	\$ 210.00
		Garbage only	\$ 50.00

I have read the Haines City Letter to the customer regarding the change that went into effect February 1, 2016 concerning \_\_\_\_\_ due dates, late fees and disconnections.

I have read the City's water restrictions established by SWFWMD and am aware if violated may result in fines.

Please ensure that all faucets are turned off prior to the scheduled connection date. If no one is home and it is determined \_\_\_\_\_ that water is running, services will not be connected until someone is present.

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

I agree to the statements listed above and to the best of my knowledge, all of the above information is true and 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 Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

### OUR MISSION

*"Our team of professionals will provide our residents and business community with the highest quality services in a fiscally responsible manner through cooperation, strong ethical leadership with a lifelong commitment to enriching lives."*