

POLK CITY UTILITIES

220 S BOUGAINVILLEA AVE

PO BOX 1134

POLK CITY FL 33868

PHONE 863.984.9642

FAX 863.984.1984

Name of Applicant _____

Service Address: _____

Billing Address: _____

Date of Birth: _____ DL# _____ Mother's Maiden Name* _____

Home phone () _____ - _____ Work Phone () _____ - _____ Other () _____ - _____

Name, address and phone number of nearest relative not living with you: _____

All monthly utility bills must be paid in full or services will be interrupted. If your service was interrupted a \$25 reconnect fee must be paid in addition to the delinquent bill in order to reinstate service. Failure to pay can also result in a lien being placed against the property and/or the delinquent account may be turned over to a Collection Agency. 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. **Offices hours are Monday – Friday 8 am – 3:30PM. Water Department hours are 7am-3:30 pm. Any service requests received after 1pm are processed the next business day.**

Signature of Applicant _____ Date _____

* You will be asked your mother's maiden name as a security feature when discontinuing your service with P.C.U.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

other: _____ BY: CK# _____ CASH _____ MO _____ RCT # _____

Single Family residence deposit - Owner occupied: \$150.00 in city / \$175.00 in county. Tennant Occupied: \$225.00 in city / \$250.00 in county

Multiple Unit deposit - \$300.00 in city / \$350.00 in county. Commercial Deposit - \$300.00 in city / \$350.00 in county.

Industrial Property: \$350.00 in city / \$400.00 in county.

Start service on: _____ ANNEXATION ON FILE: Y N (INSIDE CITY) WO # _____

Temp service start _____ end _____ NEW _____ REPEAT CUSTOMER _____

UTILTIY REFERNCE _____

Please include a copy of your apartment lease / proof of ownership (deed) and a copy of your valid drivers license