



APPLICATION FOR WATER/SEWER/GARBAGE SERVICES

CITY OF PLANT CITY
UTILITY BILLING DEPARTMENT

P.O. BOX C

PLANT CITY, FL 33564-9003

(813) 659-4222 FAX (813) 659-4236 M-F 8:00-4:00

New Account

Transfer (Old Account)

Today's Date

Date Service to Begin

Please complete the following to establish an account with the City of Plant City.

Name (Legal Name)

Service Address

Mailing Address

Driver's License

FIN

Email address

Date of Birth

Phone

Senior Citizen (65 or Older) Yes No

Public Service Officer Yes No

Optional: Another person authorized to have full access to your account information.

Name

Address or Phone

The undersigned acknowledges that service is provided subject to adherence to the City of Plant City's Code and service may be interrupted pursuant to any violation thereof. Undersigned also agrees to receive and pay for water, sewer and/or garbage service in accordance with the rates, rules and regulations until this service is formally discontinued.

Customer agrees that (a) if this billing account is closed for non-payment, the City shall have the right to charge the Customer any amounts due the City against any of the Customer's other water, sewer, and/or garbage accounts; and (b) in the event that the Customer owes the City for water, sewer and/or garbage services on any other closed account, the City has the right to charge the Customer under this billing account. In consideration of receipt of water, sewer and/or garbage services provided by the City, Customer waives any special, indirect, incidental or consequential damages of any kind or nature whatsoever, including, but not limited to, damages related to termination and interruption of services.

All parties listed as owners on the account have full access to change billing address, phone numbers, and names on the existing account with verification of updated lease or proof of ownership. All name deletion or addition will require written authorization. Deleting a name does not release liability for indebtedness incurred.

I certify that all the information is true and correct and I can legally request service activation at this address.

Customer Signature (required)

Date

Customer Signature (2nd)

After completing this document, choose one of these options to submit documents

1. Save Application and Required Documents to your desktop & Upload to the Utility Bill Drop Box by **clicking here**.
2. Fax to (813) 659-4236
3. Bring to the Utility Billing Department at 302 W. Reynolds Street, Plant City, FL 33563.
PLEASE DO NOT EMAIL THIS DOCUMENT.

DOCUMENT REQUIREMENTS

- Government issued identification
- Tenant Occupant Form, Lease or Proof of Purchase are required at the time of service (if applicable)

----- **FOR OFFICE USE ONLY** -----

Payment Date

Receipt

Clerk

Amount Paid

Closed Account Balance Yes No Account #

ON WO #

OFF WO #