



BUSINESS 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 _____

DEPOSIT REQUIREMENTS

- The required deposit \$ _____ less any amounts due the City is refunded when the account is terminated.
- Proof of Lease or Ownership and Identification/Business Tax Number are required at the time of service.
- Interest is paid on the deposit annually based on the actual interest rate earned.

PLEASE COMPLETE THE FOLLOWING to establish an account with the City of Plant City.

PLEASE PRINT:

D/B/A _____

Name of Corporation, Business or Owner (EXACT) _____

Service Address _____

Mailing Address _____

EIN _____ **Owner's Date of Birth (use when no EIN available)** _____

Phone # _____ **Fax#** _____

Email address: _____

Please list one other person authorized to access your account for information

Name _____ **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.

CUSTOMER or AGENT SIGNATURE (REQUIRED) _____ **DATE** _____

NEW INFO PACKET _____ **CUSTOMER SERVICE CLERK INITIALS** _____

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

Date Paid _____ **Clerk** _____ **Deposit Receipt #** _____

Closed Account Balance Yes **No** **Account #** _____ **ON WO #** _____ **OFF WO #** _____