



## BUSINESS APPLICATION FOR WATER/SEWER/GARBAGE SERVICES

CITY OF PLANT CITY  
UTILITY BILLING DEPARTMENT  
P.O. BOX C

PLANT CITY, FL 33564-9003

OFFICE (813) 659-4222 FAX (813) 659-4236 MONDAY - FRIDAY 8:00-4:00

New Account

Transfer (Old Account)

Today's Date

Date Service to Begin

### DEPOSIT REQUIREMENTS

- The required deposit is not refunded until the account has been terminated less any amount due the City of Plant City.
- Proof of Lease or Ownership and Identification/Business Tax Number are required at the time of service.
- Interest is paid on the deposit annually at the current market rate.

**PLEASE READ AND FILL OUT** the form below showing us exactly how you would like your name on the account. The following information and your signature are needed to establish an account with the City of Plant City.

### PLEASE PRINT:

D/B/A

Name of Corporation, Business or Owner

Service Address

Mailing Address

FIN

Owner's Drivers License #

Owner's Date of Birth

Phone #

Fax#

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

Name

Address or Phone

The undersigned acknowledges that service is provided subject to strict adherence to the City of Plant City's Service Code and 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 ever 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.

CUSTOMER or AGENT SIGNATURE \_\_\_\_\_ 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 # \_\_\_\_\_