

OFFC USE/ DEP\$\$\$ _____ STRT DATE _____ ACCOUNT # _____
PD C/CK# _____ RCD BY _____ ENT . BY _____ DATE _____



APPLICATION FOR UTILITY SERVICE

120 E Pomelo Street
Lake Alfred, FL 33850

Ph: (863) 291-5270
Fax: (863) 291-5317

I _____ request Utility Service

At the following address: _____

Please mail my bill to: same address/ list mailing address _____

SS# _____ Email: _____

DL # _____ DOB _____

Have you ever had an account with the CITY OF LAKE ALFRED? YES / NO if answer is yes

List address and name on account here _____

Will this be a residence _____ or a business _____? If residence, owner _____ or renter _____?
In case we need to contact you please list the following information:

Home # _____ work # _____ cell or pager _____

Spouse's name and phone number _____

If your service is disconnected due to non-payment of your water bill there is a __35.00__ nonpayment fee during working hours and __60.00__ after hours, to continue service. Tampering with the meter in any way may result in a __1,000.00__ fine. We can also be reached after hours for emergency service At the above listed phone number.

A __35.00__ turn on fee will be applied to you account on your first bill.

All Utility bills must be paid in full or service will be disconnected and cannot be reinstated until balance on account is paid. Failure to pay can also result in a lien being placed against the property and /or the account holder may be turned over to a collection agency.

If you have any questions regarding your bill please call our office at (863) 291-5270. Our office hours are Mon – Fri. 8 am to 4:30 pm. A payment drop box is located at the side of the Administration Building for your convenience.

Signed _____ Date _____