



## RESIDENTIAL UTILITY SERVICE APPLICATION

Phone: 863-291-5678 ♦ Fax: 863-298-7870 ♦ Email: [uafsddivision@mywinterhaven.com](mailto:uafsddivision@mywinterhaven.com)  
Website: [www.mywinterhaven.com](http://www.mywinterhaven.com) ♦ Address: PO Box 2277 Winter Haven, FL 33883-2277

**Documentation Required to Start Service: Ownership Documents/ Fully Executed Rental Agreement.**

### Information that may be required Photo I.D., Proof of SSN

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ ID#: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Have you ever had an account with the City of Winter Haven Yes \_\_\_ No \_\_\_ Own \_\_\_ or Rent \_\_\_

Do you need a Garbage or Recycle Bin Yes \_\_\_ No \_\_\_

If the property has an Irrigation Meter would you like it turned on Yes \_\_\_ No \_\_\_

What day would you like service to start: \_\_\_\_\_

The City of Winter Haven will run your information through a credit verification system to verify your identity. By signing this document, you authorize the City of Winter Haven to pull this information. Your social security number is required to obtain this. The City of Winter Haven is only verifying your identification, not your credit score. If we are unable to prove your identity through this system, you may still be required to submit proof of identification and your social security number.

On-site pets must be secured in areas away from water meter location(s) for utility staff to access. The City is not responsible for damages caused by open, leaking, or missing fixtures. To prevent water damage, verify all water faucets are turned off before the scheduled connection date. Service may not be connected if water is actively running at the property when we attempt to activate service. At that point, for service to be activated, someone will need to be present at the property. Utility bills must be paid by the due date, or service will be disconnected, and service may not be restored until the full balance on the account is paid. If service is disconnected, you may subject to a reconnection fee.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

Deposit Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

CSR: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

Please download our APP in the Apple or Google Play stores by searching WH20

