

OFFC USE/ DEP\$\$\$ _____ STRT DATE _____ ACCT NO. _____

PD C/CK# _____ RCD BY _____ ENT. BY _____ DATE _____



Application for Utility Service

155 E Pomelo Street
Lake Alfred, FL 33850
Phone: 863-291-5270
Fax: 863-291-5317
www.mylakealfred.com

Primary Account Holder: _____

Secondary Account Holder: _____

Request Utility Service at address: _____

Phone Number: _____ Email Address: _____

Social Security Number: _____ Email Bill Yes No

Please mail bill to: _____

Have you ever had an account with the City of Lake Alfred? Yes or No (circle one)

If Yes, List address and name on account here. _____

Will this be a residence _____ or a business _____ / Owner _____ or Renter _____

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 service is disconnected due to non-payment of water bill there is a \$35.00 _____ nonpayment fee. Any request made after normal business hours will result in a \$60.00 _____ after-hour charge. Tampering with the meter in any way may result in a \$1,000.00 _____ fine.

A \$35.00 _____ turn on fee will be applied to account on the first bill. A \$35.00 _____ turn off fee will applied to final bill when account is closed.

Any questions regarding bill please call the office at (863) 291-5270. Office hours are Monday thru Friday 8 am to 4:30 pm. Please use same number for after-hour calls. A payment drop box is located at the side of the Administration Building for after-hour payments.

The City of Lake Alfred collects your social security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing and tax reporting. Social Security numbers are also used by the City of Lake Alfred as a unique numeric identifier and may be used for search purposes in city records systems.

Signature _____ Date _____