



Auburndale Utility Application



PO Box 186
Auburndale, FL 33823
Ph: 863-965-5500

UBO@auburndalefl.com
www.auburndalefl.com
Fax: 863-965-5505

Primary Account Holder: _____ DL# _____

Secondary Account Holder: _____ DL# _____

Request Utility Service at Address: _____

Phone Number: _____

Email Address: _____

Email Bill Yes No

Mail Bill Yes No If yes, mailing address: _____

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

If yes, provide address and name on prior account _____

Will this be a residence _____ or a business _____ Are you the owner _____ or renter _____

For a business service request located inside the City limits, a Business Tax Receipt must be obtained. Please be aware the property must be inspected and approved by a Building Official and Fire Inspector prior to issuance. Applications for a Business Tax Receipt may be obtained online or at City Hall.

All utility bills must be paid by the due date or service will be disconnected and may not be reinstated until the full balance on the account is paid. If service is disconnected, you are subject to a reinstatement fee. If you have any questions regarding your utility bill, please call the Public Utilities Office. Their office hours are Monday through Friday, 8:00 a.m. to 4:00 p.m. For after-hours emergency services, please call the Sheriff's Dispatch at (863)401-2240. Any request for after-hours services may result in a fee.

For the safety of our utility staff, on-site pets must be secured in areas away from water meter and garbage can locations. To prevent water damage, verify all water faucets are turned off prior to the scheduled connection date. If water is found to be running when we attempt service connection, service will not be connected until someone is present at the service address. Please be aware, the City is not responsible for damages resulting from open, leaking, or missing fixtures.

I hereby request utility service(s) from the City of Auburndale at the above service address and agree to pay all appropriate deposits, fees, and charges as assessed.

Primary Signature _____

Date _____

Secondary Signature _____

Date _____

OFFICE USE

DATE RECEIVED: _____

DEPOSIT AMT: \$ _____ START DATE _____ ACCT #: _____ PAYID #: _____

REC'D BY _____ ENTERED BY _____ LOCATION #: _____