

APPLICATION for WATER, SEWER and/or SANITATION

TOWN OF LAKE PLACID UTILITIES DEPARTMENT

311 W. Interlake Blvd.
Lake Placid, FL 33852

Telephone: 863.699.3747 – Fax: 863.699.3749 – e-mail: pam-pelletier@mylakeplacid.org

Please read and complete the information below. Indicate exactly how you would like the name on the account to read. Be sure to provide the service address and the mailing address if different than the service location. The following information is needed to establish an account with the Town of Lake Placid Utilities Department.

RESIDENTIAL Service: Last Name: _____ First Name: _____ MI: _____

Alternate Owner (Spouse if applicable): _____

Identification:

Social Security Driver's License # w/State issued _____ D.O.B. _____

NON-RESIDENTIAL: *Business Name* _____ *Contact Name:* _____ *Federal ID #* _____

Service Address: _____ **Lake Placid, FL 33852**

Mailing Address: _____
Street _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Business: _____

Date to Start Service: _____ **Email Billing Yes** **No** **Email Address:** _____

Do you or have you had service with our Utility? Yes No

If yes, please provide service address or account number: _____ Automatic Payment: Yes No

Security Deposit Requirements (for 3/4" to 1" meters): Water inside the Town limits \$100.00, sewer inside Town limits \$100.00, water outside the Town limits \$125.00, a non-refundable connection fee of \$50.00 and Garbage inside Town limits \$25.00 non-refundable set up fee. For larger meters, the corresponding deposit amount may be seen on a complete rate schedule.

PLEASE READ: I hereby state that the above information is correct. It has been explained to me that the Base Facility Charge is due each month even if no water is used. I also state that it has been explained to me that my final bill will be deducted from my deposit, which I will receive the difference if any. If the bill is more than the deposit I understand that I have 20 days from the notice to pay my final bill. I hereby certify that I understand all the provisions that have been stated above.

Please make check payable to: **Town of Lake Placid** - (After two (2) returned checks this account becomes cash only)

Signature: _____ Date: _____

Owner Tenant

For Office Use Only:

SERVICE ID NUMBER: _____ **CUSTOMER ACCOUNT NUMBER:** _____

<input type="checkbox"/> Phone	<input type="checkbox"/> To Active Account	Deposit & Fees	
<input type="checkbox"/> Mail	<input type="checkbox"/> To Inactive Account	\$	Water Deposit (Refundable)
<input type="checkbox"/> Office	<input type="checkbox"/> Transfer Existing Customer	\$	Sewer Deposit (Refundable)
		\$	Sanitation Fee (Non-refundable)
		\$	Connection Fee (Non-refundable)

ISSUE TO APPLICANT WITH RECEIPT

Rate Schedule

Copy of Application

Application Taken by: _____
Service Order Issued by: _____

Total Deposit & Fees \$

Cash or Check#
Receipt No.