



TOWN OF LAKE PLACID – APPLICATION FOR UTILITIES SERVICE

311 W INTERLAKE BLVD

LAKE PLACID, FL 33852

Phone (863) 699-3747 Fax (863) 699-3749

Location Address _____

Location ID _____

Annexation (Circle One): On File Required N/A (Within Town, Tomoka, Highway Park, Paradise Village) Account # _____

Account Type (Circle One): Residential Commercial Connect Date _____

(Customer to fill out this portion)

Name _____

Spouse/Alternate Name _____

Billing Address _____

Phone _____

Cell Phone _____

SSN/FEIN _____

Date of Birth _____

Note: Copy of a Photo Identification is required – Driver’s License preferred.

Auto Draft (Yes/No) _____ Monthly bill deducted from a checking or savings account. Attach check marked **VOID**.

Email Billing (Yes/No) _____ If yes, Email Address _____

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, and I will receive the difference if any by mail. If the bill is more than the deposit I understand that I have 20 days from the notice to pay my final bill.

Information regarding this utility service is a Public Record. Privacy Status is only available to people providing documentation that they are personnel of the military or law enforcement.

Signature _____ Date _____

DEPOSITS – Refundable when the account is closed – less any balance due. Dependent on meter size and location.

Water: Meter Size _____ UBSD – D WA
Wastewater: _____ UBSD – D WW

FEES – Not refundable – for services to open account.

Water Connection Fee: RESI = \$40.00 RESO = \$50.00 _____ UBSC – WA
Sanitation Set-up Fee: Applicable Locations = \$25.00 _____ UBSC – SA

NEW LOCATION DEVELOPMENT FEES – Not refundable – dependent on meter size.

Meter Setting _____ UBSC – WA
Water System Development Charge/Impact Fee _____ FMDS
Wastewater System Development Charge/Impact Fee _____ FMDS

OTHER _____ UBSC – WA

TOTAL DEPOSITS AND FEES Cash / Check # _____

Work Order Number(s) _____

Exiting Customer Name _____ Account # _____

Employee Initials: Application Processed By _____ Payment Posted By / Date _____