

TOWN OF LAKE PLACID
311 W INTERLAKE BLVD
LAKE PLACID, FL 33852
Phone (863) 699-3747 Fax (863) 699-3749

Form Revised April 2016

Location Address _____ **Location ID** _____

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

Account Type (Check One): Residential Commercial **Connect Date** _____

Customer Name _____

Spouse/Alternate Name _____

Billing Address _____

Phone _____

Cell Phone _____

SSN/FEIN _____

Date of Birth _____

Note: For Residential Accounts, a copy of a Photo Identification is required – Driver’s License preferred.

Auto Draft (Yes/No) _____

Monthly bill deducted from a checking or savings account.

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.

Water: Cycle 1 Inside = \$100 / Outside = \$125	Cycle 2 = \$50	_____	UBSD – D WA
Wastewater: Cycle 1 = \$100	Cycle 2 = N/A	_____	UBSD – D WW
Dumpster: Dependent on size and number of pick-ups per week		_____	UBSD – D SA

FEES – Not refundable – for services to open account.

Water Connection Fee: Cycle 1 = \$50	Cycle 2 = \$40	_____	UBSC – WA
Sanitation Set-up Fee: Cycle 1 = \$25	Cycle 2 = N/A	_____	UBSC – SA

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

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

OTHER _____ **UBSC – WA**

TOTAL DEPOSITS AND FEES Cash / Check # _____

Work Orders: Meter _____ Fees _____

Exiting Customer Name _____ Account # _____

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