

Commercial Utility Application

City of Wildwood
100 N. Main Street
Wildwood, FL 34785

Phone: (352) 330-1330, ext. 130 Fax: (352) 330-1338

Account #: _____ Deposit Amount: \$ _____ Processing Fee: \$ _____ Application Date: _____

BUSINESS INFORMATION:

Business Name: _____

Location Address: _____

City: Wildwood State: FL Zip: 34785

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____ E-Mail Address: _____

Federal ID #: _____ State License or Certification #: _____

Business Type: _____

Do you rent? Own? Landlord's Name: _____

Landlord's Address: _____ Landlord's Phone #: _____

BUSINESS OWNER INFORMATION:

Owner Name: _____

Location Address: _____

City: Wildwood State: FL Zip: 34785

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

If Applicable
Valid Driver License/State Issued Photo ID: # _____ Issuing State: _____

Ownership of Account: Individual: Joint: Corporation: Other (Specify): _____

RESPONSIBILITY CLAUSE:

1. I understand the bill is due when rendered. This bill is considered delinquent if not received within fifteen (15) days from the billing date shown on the front of the utility bill. Failure to pay bill could result in a 10% late charge and/or discontinuance of service. Service will be resumed only upon payment of all delinquent bills, a reconnection charge and any collection costs incurred by the city.
2. We/I certify that all of the information on this form is correct and that we/I fully understand your credit terms and agree to the proper payment in consideration of extended payment.

Signed: _____ Signed: _____

Title: _____ Title: _____

Date: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

Utility Services Available: Inside City Limits
Outside City Limits Water Sewer Irrigation Reuse Water Refuse Extra Can

2 Yard 4 Yard 6 Yard 8 Yard
Dumpster Size: # Pick Ups/Wk: _____ # Pick Ups/Wk: _____ # Pick Ups/Wk: _____ # Pick Ups/Wk: _____
Roll Off: 20 Yd. 40 Yd.
30 Yd.

Utility Technician Signature: _____ Date: _____