



WILDWOOD
FLORIDA

PHYSICAL ENVIRONMENT / UTILITY BILLING

E-mail: utilitybilling@wildwood-fl.gov

UTILITY SERVICES APPLICATION

OFFICE USE ONLY

Acct #: _____
Dep: \$ _____
Proc Fee: \$ _____
Start Date: _____

Please provide the following **REQUIRED** documents:

- Utility Services Application
- Government Issued Driver License or Photo ID
- Lease / Rental Agreement (*Renters only*)

New Account Fees:

\$100.00 – Residential Deposit
\$200.00 – Commercial Deposit
\$15.00 – Processing Fee

Account Owner(s) / Business Name: _____

Property/Service Address: _____

Mailing/Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business/Other: _____

SSN (last four) / FEID: _____ E-Mail Address: _____ Receive E-Bills?

Driver License / ID Card #: _____ DL/ID Issuing State: _____

Own? Landlord/Property Manager Name: _____

Rent? Landlord/Property Manager Phone: _____ E-mail: _____

Customer Acknowledgement of Responsibilities

- 1) I, as the Primary Account Owner *OR* representative of the referenced business, acknowledge that the utility bill is due when rendered. This bill is considered delinquent if payment is not received within fifteen (15) days from the billing date shown on the front of the utility bill. Failure to pay bill(s) could result in a 10% late charge and/or discontinuation of service. Service will be resumed only upon payment of ALL delinquent bills, a reconnection fee, and any collection costs incurred by the City.
- 2) I certify that I have received a copy of the utility information brochure. Upon receipt of this brochure, I agree to review the information contained within in its entirety. I understand that I am to contact the Physical Environment / Utility Billing department if I have any questions regarding my utilities account or any other related subject(s).
- 3) I certify that all of the information on this form is correct, I fully understand credit terms established by the City, and I agree to the proper payment in consideration of extended payment. Should the City discover any false or misleading information contained in my utilities application, my application shall be rejected and utility service discontinued.

Signature of Applicant: _____ Date: _____

Title (if applicable): _____

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UTILITY SERVICES AVAILABLE:	DUMPSTER SIZE:	SERVICE LOCATION:	UTILITY REPRESENTATIVE:
Water <input type="checkbox"/> Sewer <input type="checkbox"/>	2 Yd ___ per wk <input type="checkbox"/>	Inside City <input type="checkbox"/>	_____
Irrigation <input type="checkbox"/> Garbage <input type="checkbox"/>	4 Yd ___ per wk <input type="checkbox"/>	Outside City <input type="checkbox"/>	
Reuse Irr <input type="checkbox"/> Addtl Can <input type="checkbox"/>	6 Yd ___ per wk <input type="checkbox"/>		
	8 Yd ___ per wk <input type="checkbox"/>		
			DATE: _____

City of Wildwood, Florida

100 N Main Street ♦ Wildwood, FL 34785 ♦ (352) 330-1336 ♦ FAX (352) 330-1338 ♦ www.wildwood-fl.gov