

APPLICATION FOR UTILITIES SERVICES ~ City of LaBelle, Florida

Acct #: _____ Alt ID: _____ Start Date: _____

Check Service Requested: ☐ Water ☐ Sewer ☐ Garbage Circle One: Residential/Commercial/Owner /Tenant

Customer's Name: _____

Driver License/State ID #: _____ DOB: _____

Customer's Name: _____

Driver License/State ID #: _____ DOB: _____

Address of Premises to be served:

Street

LaBelle, Florida 33935

City State Zip Code

Home Phone

Cell Phone

Mailing Address (if different from premises address):

Street

City State Zip Code

I would like my bills sent by e-mail

E-mail address ↓

Initials: _____

Deposit(s): For Residential ONLY

- ☐ Water ~~\$100.00~~ \$250.00
☐ Sewer ~~\$71.66~~ \$150.00
☐ Garbage \$ 50.00
(Non-Refundable) ☐ Fee \$ 27.00

TOTAL: \$

For Commercial ONLY

- ☐ Water \$ _____
☐ Sewer \$ _____ Dumpster Size: _____
☐ Garbage \$ _____ x's a week: _____
☐ Fee \$ 27.00 (Non-Refundable)

TOTAL: \$

By signing this Application I confirm that the above statements are true and accurate, that I have authority to request services to the premises and will be responsible for payment for services rendered, and I acknowledge that utility service is subject to Chapter 18 of the Code of the City of LaBelle and agree to abide by those provisions and any other applicable provision of law.

Signature

Date

Signature

Date

Make check payable to:

City of LaBelle

PO BOX 458

LaBelle, FL 33975

Mail with proof of purchase and copy of photo ID
and this application.