

# TOWN OF ZOLFO SPRINGS

3210 Main Street  
PO Box 162  
Zolfo Springs, FL 33890-0162

Phone: (863) 735-0405  
Fax: (863) 735-1684

## UTILITY SERVICE APPLICATION

Owner of Property: \_\_\_\_\_  
(Please attach proof of ownership to application)

Permanent Mailing Address of Owner: \_\_\_\_\_

Physical Address for Service: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
May we text you at this number? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Residential Services Required:**

Water Meter(s): \_\_\_\_\_ Sewer Connection(s) \_\_\_\_\_

### **Business or Multi-Unit Residential:**

Number of Units \_\_\_\_\_ Type of Units \_\_\_\_\_

Number & Size of Meters \_\_\_\_\_ Estimated Water need (gpd\*) \_\_\_\_\_

Estimated Sewer Flows (gpd\*\*) \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I represent that I am the owner of the above-stated property, or I am an authorized officer of a business entity which owns the property. I agree to abide by all ordinances, resolutions, rules and regulations of the Town of Zolfo Springs, Florida, subject to disconnection of my utility service for failure to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

All applications will be submitted to the Clerk's office. Within two weeks of submission of application the information requested will be available to applicant, or in a reasonable amount of time. Due to the restricted work force of the Zolfo Springs' Utility Department more time may be required.

#### Ordinance 2003-05-Section 3

Section 3.1.2 – All requests for service shall be made by submitting a formal application for water and wastewater service to the Utility Department. The initial application will be reviewed by the department to determine the apparent feasibility and requirements for providing service. For larger projects, a project-specific Utility Service Agreement may be required.

Section 3/1/3 – All costs and expenses incident to the installation and connection of the plumbing of any structure to the Utility System shall be borne by the Applicant, and Town staff have no authority to forgive any costs or expenses. Applicant is subject to all other requirements referenced by Ordinance 2003-05 Water and Wastewater Utility Service Ordinance.

\*Average daily flow based on average monthly maximum daily flow.

\*\*Average daily flow based on three-month rolling adf.

# Water Deposit Application

## Homeowner Use Only

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Account#: \_\_\_\_\_

Water deposit of \$125 is required to have water turned on. The billing cycle for each month is from the 15<sup>th</sup> of the month until the 15<sup>th</sup> of the next month. The water bill will be sent out the 1<sup>st</sup> of every month. You should receive your bill the first week of every month. If you have not received your bill in this time frame, notify the Utility Department at the Utility Office. The due date is the 20<sup>th</sup> of every month. If your bill is not received on the 20<sup>th</sup>, you will be charged a \$10.00 late fee. If your bill is not paid within 10 days of the due date your services will be shut off and locked out. You will then be charged the payment in full and reconnect fees.

Signature: \_\_\_\_\_

Office Use Only:

---

Deposit Receipt #: \_\_\_\_\_

Start Up Reading#: \_\_\_\_\_

Entered into System: \_\_\_\_\_ By: \_\_\_\_\_