



CITY OF SANFORD
 Commercial/ Business Application for Utility Service
 PO Box 2847 Sanford, FL 32772-2847 (407) 688-5100 Fax (407) 688-5114

Business Name	Type of Business	# of Employees	# of Bathrooms
Service Address			
C/O Name			TURN ON DATE
Mailing/ Billing Address	STATE	ZIP CODE	
BUSINESS PHONE	ALTERNATE PHONE		
DRIVER LICENSE #	STATE	Tax ID #	
EMPLOYER			
OWNER OF PROPERTY/ LANDLORD		TELEPHONE	

I am applying for City of Sanford Utility Service at the above address. I agree to follow all City rules for utility service and to pay charges in effect at the time of delivery. In order to transfer my deposit to another, the new applicant must provide proper identification and any outstanding charges must be paid at the time.

When transferring my deposit to another service address I must pay all outstanding charges. I am also responsible for making sure that all faucets are turned off in the home before the services is established. The City is **NOT** liable for damages caused by water faucets or outlets left on.

I understand that non-payment of my account will stop service.

SIGNATURE	DATE
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OFFICE USE ONLY

Water Deposit	\$ _____	Customer #	_____
Application Fee		Location Id	_____
(Non-Refundable)	\$ 35.00	RC Location ID	_____
Garbage Deposit	\$ _____	Last Bill Read	_____
Other Fees	_____	Current Reading	_____
Total Amount	_____		

Please Note: When mailing by **FedEx** or **UPS** please send to:
 Utility Department
 Customer Service
 300 N. Park Avenue Sanford, FL 32771