

# CITY OF ORLANDO, FLORIDA

## SERVICE PROVIDER RECORD FORM

(Please attach additional pages, if required)

### SECTION I. General Information

Type of Business:

(Corporation)\_\_\_\_\_ (Partnership)\_\_\_\_\_ (Sole Proprietorship)\_\_\_\_\_

Legal Name of Business\_\_\_\_\_

D B A\_\_\_\_\_ FEIN:\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Contact Person\_\_\_\_\_ Telephone\_\_\_\_\_

### SECTION II. Other Information

Beginning date of service in Orlando\_\_\_\_\_

Types of taxable services provided (please check the applicable boxes):

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Fuel Oil    |
| <input type="checkbox"/> LP Gas      | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Water       | <input type="checkbox"/> Other_____  |

If different from the information provided above, please furnish below the person, mailing address, and telephone number to which inquiries concerning the monthly Municipal Public Service Tax Report Form should be directed:

Name:\_\_\_\_\_ Telephone No.\_\_\_\_\_

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

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative