



CITY OF GREEN COVE SPRINGS

321 Walnut St. Green Cove Springs, FL 32043

Phone: 904-297-7500 Fax: 904-284-2718

TEMPORARY UTILITY SERVICE APPLICATION FOR CONSTRUCTION ONLY

Name of Applicant(s) (Please Print)

Last Name: _____ First Name: _____

FEIN/Social Security #: _____

Company Name _____ Tax ID # _____

Service Address: _____
Green Cove Springs, FL 32043

Primary Contact Number(s):

Primary Email:

If different than Service Address

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact: _____

Primary Contact Number (s): _____

Primary Email: _____

CITY USE ONLY

Account Number: _____ **Date Opened:** _____ **Connection Date:** _____

Location Code(s): _____ **Fee amount:** _____

I HEREBY MAKE APPLICATION TO THE CITY OF GREEN COVE SPRINGS FOR TEMPORARY UTILITY SERVICE AND UPON APPROVAL OF THIS APPLICATION AGREE TO ABIDE BY ALL ORDINANCES, PROVISIONS AND APPLICABLE RULES OF THE CITY IN REGARD TO ITS SERVICE OF THE UTILITY SYSTEM, AND AGREE TO PAY FOR SUCH SERVICES IN ACCORDANCE WITH RATES AND REGULATIONS IN EFFECT AT THE TIME OF DELIVERY. I WILL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF UTILITY BILLS RENDERED UNDER THIS ACCOUNT. **THE HOMEOWNER WILL PROVIDE ELECTRICAL FACILITIES REQUIRED FOR CONNECTION TO THE CITY OF GCS.**

Owner Signature: _____ **DATE** _____

or

General Contractor's Signature: _____ **DATE** _____

Building Permit # _____ **Development Service Initials:** _____

Date Reviewed: _____ **UTILITY W.O.** _____
