



## 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

**Construction Service** – service intended to be used for no more than 1 year  
 **Short-Term Service** – service intended to be used for no more than 14 days (**\$50.00 Non-Refundable Fee**)

*City use only*

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_ Connection Date: \_\_\_\_\_  
Location Code(s): \_\_\_\_\_ Fee amount: \_\_\_\_\_

Name of Applicant(s) (*Please Print*)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 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: \_\_\_\_\_

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.

Owner Signature: \_\_\_\_\_ DATE \_\_\_\_\_

*or*  
General Contractor's Signature: \_\_\_\_\_ DATE \_\_\_\_\_

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*Proof of Ownership/Lease Agreement:* \_\_\_\_\_, *Building Permit #* \_\_\_\_\_  
*Development Service Initials:* \_\_\_\_\_ *Date Reviewed:* \_\_\_\_\_  
*Finance Department Initials:* \_\_\_\_\_ *Date Reviewed:* \_\_\_\_\_ *W.O.* \_\_\_\_\_  
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