



CITY OF GREEN COVE SPRINGS

321 Walnut St. Green Cove Springs, FL 32043

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

www.greencovesprings.com

RESIDENTIAL
UTILITY SERVICE APPLICATION

Account Number: _____ Date Opened: _____
 Location Code(s): _____ Connection Date: _____
 Deposit Amount Paid: _____ or Letter of Credit: _____ Electric Company: _____

(For City Use Only)

Name of Applicant(s) (Please Print)

Last Name: _____ First Name: _____ Social Security #: _____

Last Name: _____ First Name: _____ Social Security #: _____

New Customer: Yes _____ No _____ If NO, Prior Account # _____

Service Address: _____ City: <u>Green Cove Springs</u> State: <u>FL</u> Zip: <u>32043</u> Primary Contact: _____ Primary Contact Number(s): _____ Primary Email: _____ Secondary Contact: _____ Secondary Contact Number(s): _____ Secondary Email: _____	<i>If different than Service Address</i> Billing Address: _____ City: _____ State: _____ Zip: _____ Primary Contact: _____ Primary Contact Number (s): _____ Primary Email: _____ Secondary Contact: _____ Secondary Contact Number(s): _____ Secondary Email: _____
--	--

Authorized parties to close account:

Name: _____ Title: _____ or N/A

Name: _____ Title: _____ or N/A

Rent _____ or Own Home _____

Employed By: _____ Occupation: _____

I HEREBY MAKE APPLICATION TO THE CITY OF GREEN COVE SPRINGS FOR 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.

(S) _____ DATE _____

(S) _____ DATE _____

**CITY OF GREEN COVE SPRINGS
RESIDENTIAL UTILITY SERVICE REGULATIONS**

UTILITY DEPARTMENT/BILLING QUESTIONS

Monday thru Thursday between the hours of 7:00 a.m. – 5:30 p.m. (904) 297-7500, Option 1

UTILITY BILL DUE DATES

- ❖ Bills are due and payable in full within **15 calendar days** after the **billing date**.
- ❖ On the **16th calendar day** after the billing date, a late fee of five (5%) percent of the unpaid bill with a minimum of \$5.00 and a maximum of \$500.00.
- ❖ On the **26th calendar day** after the billing date, all accounts **not paid in FULL** will be subject to **disconnection**.

Sec. 78-61. Change of ownership or occupancy of premises.

In the event of any change of ownership or occupancy of any premises served by the electric system of the city, such new owner or occupant shall immediately notify the city of such change in writing.

(a) Proof of Occupancy.

All new applicants for utility service provide proof of occupancy in the form of either a lease agreement, deed, or other acceptable proof of occupancy with the utility applicants' name on the document as the responsible party, owner, or joint owner.

No applicant for utilities who has previously been disconnected from the utility system due to non-payment of charges shall be permitted to have a utility connection until all delinquent charges have been paid to the City, together with applicable reconnection charges.

REPORT UTILITY INTERRUPTIONS

ALWAYS BE SURE TO CHECK YOUR FUSE BOX FIRST

Monday - Thursday between the hours of 7:00 a.m. – 5:30 p.m. (904) 297-7500, Option 2
After Hours ONLY (904) 297-7300

Sec. 78-119. Grounds for discontinuance of electric service generally.

Any electric service may be discontinued by the city:

- (1) For misrepresentation or concealment in the application as to the premises, or fixtures to be furnished with electric service, or the use to be made of such service.
- (2) For waste or excessive use of electricity through improper or imperfect wiring, fixtures or appliances or in any other manner.
- (3) For refusal or neglect to comply with any requirement of the city as to meter or service connection maintenance alteration or renewal or other requirement relating to the electric services of the city.
- (4) For the use of electric services for or in connection with or for the benefit of any other user or purpose other than that in the application.
- (5) For any interference or tampering, whether by act of commission or omission, with the meter measuring the electric supply, or with seals of any meter, or with any other portion of the electric system which was or is required by the city for controlling or regulating the electric service.
- (6) Where meter reader is consistently annoyed by sick or ferocious dogs, cats, or other animals.
- (7) Where inspection of the electric system is prevented.

I UNDERSTAND ALL OF THE ABOVE AND I HAVE RECEIVED THE CITY'S SOCIAL SECURITY COLLECTION POLICY.

I HEREBY MAKE APPLICATION TO THE CITY OF GREEN COVE SPRINGS FOR 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** _____

City Code Section 78-56: "In the case of property being used for residential property, the application shall be accompanied by a deposit not less than \$350 if electric, water, wastewater, and solid waste services are each provided. All residential deposits are eligible for refund upon written request to the City after twelve (12) consecutive months of service, provided such service was not terminated nor subject thereto for non-payment, customer has not been delinquent, i.e. subject to a late charge and no checks have been returned against the account during those 12 consecutive months, and further, that no evidence of meter tampering has occurred. The deposit shall be applied against any outstanding balance on the account at the time of the request."

City Use Only:
Picture ID: _____
Proof of Ownership/Lease Agreement: _____
Bad Debts List Checked _____ *if yes, paid debt amount \$* _____
Have the utilities been off 6 months or greater? Y / N *if yes, safety inspection passed* Y / N
Is this a New House? Y / N *if yes, Certificate of Occupancy* Y / N

Entered into system: _____ *Date completed:* _____