



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 (**\$50.00 Non-Refundable Fee**)
- 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): _____ Deposit and/or 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 _____

Proof of Ownerships/Lease Agreement: _____, Building Permit # _____

Development Service Initials: _____ Date Reviewed: _____
