



City of Green Cove Springs

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321 Walnut Street
Green Cove Springs, Florida 32043

OWNER TEMPORARY RECONNECTION OF UTILITY SERVICE FOR RENTAL PROPERTIES

Account Number: _____ Location Code: _____

I, _____ (print name) request utility service at

(print address): _____

to be connected in my name on (date) _____.

**THIS FORM IS TO BE USED ONLY FOR THE TURN ON OF POWER TO
RENTAL PROPERTIES BY THE OWNERS FOR A 30-120 DAY PERIOD.**

A RECONNECTION SERVICE DEPOSIT FEE OF \$50 IS REQUIRED.

Billing Address is (Please Print):

Name: _____

Address: _____

City: _____

State & Zip Code: _____

You may contact me at (telephone No.) _____ OR (email address) _____
_____ if there are any
questions concerning this request.

Requested by: _____ Date: _____
(Signature)

Office Use Only:

Work Order No: _____

Initial: _____

Date: _____