



City of Green Cove Springs
321 Walnut St., Green Cove Springs, FL 32043
Fax: 904-284-2718 Phone: 904-297-7500

UTILITY PAYMENT EXTENSION REQUEST FORM

{Payment extension will be limited to three (3) within a twelve (12) month period }

COPY OF ACCOUNT HOLDER PHOTO ID MUST ACCOMPANY REQUEST FORM

ACCOUNT NUMBER: _____ DATE OF REQUEST: _____

ACCOUNT NAME: _____

SERVICE ADDRESS: _____

PHONE NUMBERS:

HOME #: _____ WORK #: _____

CELL #: _____

EMAIL #: _____

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THIS ARRANGEMENT PER ORDINANCE NO. O-03-2016, Code 90-24

ACCOUNT OWNERS SIGNATURE: _____

EXTENSION DATE FOR PAYMENT: _____ TIME OF PAYMENT: _____

THE AMOUNT THAT WILL BE PAID: _____ Customer Initials ()

****Extension must be paid *IN FULL* in order to avoid an interruption in service, and loss of additional extensions****

CITY OF GREEN COVE SPRINGS REPRESENTATIVE:

APPROVED: ☐ DENIED: ☐

SCANNED WITH NOTE IN SYSTEM: ☐ INITIAL: _____ DATE: _____

EXTENSION REQUEST NO. _____ OUT OF _____ WITHIN 365 day period.

NOTE: _____

NOTE IN SYSTEM REGARDING AGREEMENT: ☐ REVIEWED BY: _____ DATE: _____

NOTE: _____