



City of Green Cove Springs

321 Walnut St., Green Cove Springs, FL 32043

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UTILITY PAYMENT EXTENSION REQUEST FORM

{Payment extension will be limited to three (3) within a twelve (12) month period with at least 30 days between extensions. }

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 not have an interruption in service****

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: _____
