



ST LUCIE COUNTY UTILITIES SERVICE REQUEST

DATE: _____ TIME: _____ CSR I NT: _____

ACCOUNT NAME: _____ SSN: _____

SPOUSE NAME: _____ SSN: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: (IF DIFFERENT) _____

TELEPHONE#: _____ CELL# _____

DL# _____ HUD/CLOSING: YES/NO _____ LEASE: YES/NO _____

Email Address: _____

NEW SERVICE _____ EFFECTIVE DATE: _____

ACCT# _____

SAME DAY FEE: _____

SERVICE FEE : _____

WTR DEPOSIT: _____

SWR DEPOSIT: _____ DEPOSITWAVIED: YES/NO

FINAL BILL _____ EFFECTIVE DATE: _____
ACCOUNT# _____

FORWARDING ADDRESS: _____

LIEN/UNLOCK FOR INSPECTION ONLY REQUEST

REQUESTED
BY: _____ COMPANY: _____

TELEPHONE #: _____, NEED DATE: _____

MED ALERT/LIFE SUPPORT: _____ BANK DRAFT: _____

PERSON RQ SVC CHR: _____ CONF #GIVEN: _____