

The Telecommunications & Utilities Department

Utilities Service Request Form

Department Name: Date:

Mailing Address:

Physical Address:

City: State: Zip:

Customer Account No.: Building No.:

Contact Name: Title:

Contact Number: E-mail Address:

Description of Service Request

New Service

Transfer

Repair/Maintenance

Removal/Disconnection

Basic Utilities	Serial No. <input type="text"/>	Meter No. <input type="text"/>
Electric	Gas	Water <input type="checkbox"/>
Power Line <input type="checkbox"/>	Natural <input type="checkbox"/>	Waste Water/Sewer Line <input type="checkbox"/>
Street Light <input type="checkbox"/>	Propane <input type="checkbox"/>	

Other Services

Landscaping Elevator HVAC System Waste Management

Change in Address :

Justification for Service:

Requested by _____

Approved by _____

Telecommunications & Utilities Staff Only

Received by: Date Submitted:

Service Provider: Service Provider POC:

Remarks: