Florida State University
Facilities Operations & Maintenance
Utility Section
105C MMA Building
Telephone: 850.644.2025
Fax: 850.644.1714

FSU Utilities Service Request

Request Date: ____________
Effective Date: ____________
(Requested)

Contact Information (Contractor)
Company: ____________________________
Contact Name: ________________________
Address: _____________________________
City, State: ___________________________
Zip Code: ____________________________
Phone: _______________________________
Alt. Phone: __________________________
Fax: _________________________________

Billing Information (Contractor)
Company: ____________________________
Contact Name: ________________________
Address: _____________________________
City, State: ___________________________
Zip Code: ____________________________
Phone: _______________________________
Alt. Phone: __________________________
Fax: _________________________________

FSU Project #: _______________________
Building #: __________________________
Project Address: _______________________
(Legal Address used for Permit(s))

Demolition: Yes [ ] No [ ]
Remodel: Yes [ ] No [ ]
New Construction: Yes [ ] No [ ]

Utility Type: * Electric [ ] * Water [ ] * Sewer [ ] * Gas [ ] * Refuse [ ]
New Service/Campus [ ] New Service [ ] New Service [ ] New Service [ ] Roll-Off [ ]
New Service/Other [ ] Disconnect [ ] Disconnect [ ] Disconnect [ ] Disconnect [ ] Size(s) ______
(Ex: COT, Talquin, etc…) Disconnect [ ] Meter Set [ ] Size(s) ______ Meter Set [ ]
Temporary Pole [ ] Size(s) ______ Size(s) ______ BTU’S ______
Meter Set [ ] Size(s) ______
Transformer [ ] Size(s) ______
AMP’S ______

* Note: If not a COT utility provider, please specify utility provider.

Supplemental Information: ____________________________________________
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_________________________________________________________________
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Created 8/16/2006, Modified 1/25/07