

# FSU Utilities Service Request

Request Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Constr./Proj. Mgr.: \_\_\_\_\_

FSU Proj. Mgr.: \_\_\_\_\_

**Contact Information (Contractor)**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

FSU Project #: \_\_\_\_\_

Building #: \_\_\_\_\_

Project Address: \_\_\_\_\_

(Legal Address used for Permit(s)) \_\_\_\_\_

**Billing Information**

**Pre Substantial Completion**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Post Substantial Completion**

E&G Space: Yes No

Demolition: Yes No

Remodel: Yes No

New Construction: Yes No

If not, department contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Utility Type:**

	* Domestic Water	* Sewer	* Gas	* Refuse	* Steam	* Chill Water
New Service/ Campus	New Service	New Service	New Service	Roll-Off	New Service	New Service
New Service/ Other	Disconnect	Disconnect	Disconnect	Size(s) _____	Disconnect	Disconnect
Disconnect	Meter Set	Size(s) _____	Meter Set		Size(s) _____	Size(s) _____
Temporary	Size(s) _____	Size(s) _____	BTU'S _____		Size(s) _____	Size(s) _____
Pole Meter Set	Size(s) _____		Size(s) _____			
Transformer			Size(s) _____			
AMP'S _____						

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

Supplemental Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_