

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
* Electric						
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: _____
