Florida State University
Utilities Accounting
Email: fac-utilityaccounting@fsu.edu
Telephone: 850.644.5219

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

AUX PO #_____

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

Project Name: _____
Constr./Proj. Mgr. _____
FSU Proj. Mgr. _____

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 ☐ (Ex: COT, Talquin, etc…)	Disconnect ☐	Disconnect ☐	Disconnect ☐	Size(s) _____
	Disconnect ☐	Meter Set ☐	Size(s) _____	Meter Set ☐	
	Temporary Pole ☐	Size(s) _____	Size(s) _____	BTU'S _____	
	Meter Set ☐	Size(s) _____		Size(s) _____	
	Transformer ☐			Size(s) _____	
	AMP'S _____				

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

Supplemental Information: _____

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Created 8/16/2006, Modified 2/08/2023