



CITY OF CRYSTAL RIVER  
 123 NW HWY 19  
 CRYSTAL RIVER, FL 34428-3999  
 PHONE # 352-795-4216  
 FAX # 352-795-6351

**UTILITY SERVICE REQUEST FORM**

SERVICE ADDRESS

MAILING ADDRESS

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CRYSTAL RIVER, FL \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DL#: \_\_\_\_\_

RESIDENTIAL SERVICE START DATE: \_\_\_\_\_

\*\*\*COMMERCIAL SERVICE START DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ ERU'S: \_\_\_\_\_

\*\*\*COMMERCIAL GARBAGE SERVICES REQUESTED: \_\_\_\_\_ UNIT SQUARE FOOTAGE \_\_\_\_\_

\*\*\*COPY OF COMMERCIAL BUSINESS LICENSE: \_\_\_\_\_ (VERIFIED & ATTACHED)

\_\_\_\_\_  
 CUSTOMER SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 CLERK SIGNATURE

\_\_\_\_\_  
 DATE

VERIFIED: LEASE, RENTAL AGREEMENT, DEED, SALES CONTRACT OR CLOSING DOCUMENTS (\_\_\_\_\_) INITIAL HERE

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 OFFICIAL USE ONLY

CUSTOMER ACCOUNT # \_\_\_\_\_ METER ID#: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_ (499)

CONNECTION FEE: \_\_\_\_\_ (420)

TOTAL PAID: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

\*\*\*CREDIT/DEBIT CARD CONVENIENCE FEE IS \$2.00 OR 3% WHICHEVER IS GREATER \*\*\*