



**ST LUCIE COUNTY UTILITIES  
SERVICE REQUEST**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ CSR INT: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

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

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ CELL# \_\_\_\_\_

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

HUD CLOSING: YES/NO

LEASE: YES/NO

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

NEW SERVICE EFFECTIVE DATE: \_\_\_\_\_

ACCT#: \_\_\_\_\_ - \_\_\_\_\_

SERVICE FEE: \$ \_\_\_\_\_

SERVICE TYPE: \_\_\_\_\_

WATER DEPOSIT: \$ \_\_\_\_\_

SEWER DEPOSIT: \$ \_\_\_\_\_

DEPOSIT WAIVED: YES/NO

FINAL BILL ACCOUNT#: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

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

LIEN/UNLOCK FOR INSPECTION ONLY REQUEST

REQUESTED

BY: \_\_\_\_\_ COMPANY: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NEED DATE: \_\_\_\_\_

MED ALERT/LIFE SUPPORT: \_\_\_\_\_ BANK DRAFT: \_\_\_\_\_

PERSON RQ SVC CHR: \_\_\_\_\_ CONF #GIVEN: \_\_\_\_\_