



**CITY OF CLERMONT
UTILITY SERVICE REQUEST FORM**



Date of Request: _____, 20____ Date of Service: _____

Customer Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Lot #: _____ Phase: _____

Subdivision: _____

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

√ Check one: *Commercial* _____ *Single Family* _____ *Multi-Family and # of Units* _____

Meter Tampering Fee – A fee of \$50.00 per incident shall be charged to the Individual responsible for payment of the utility account.

.....

City staff completes this section

Service Requested: _____

- Size: _____
- Water Meter: _____
- Irrigation Meter: _____

Meter Reading: _____ Meter Serial #: _____ Manuf.: _____

Date of Service: _____

Comments: _____

City of Clermont
 Planning & Zoning Department
 685 W. Montrose St.
 P.O. Box 120219
 Clermont, FL. 34712-0219
 (352) 394-4083 Fax: (352) 394-3542