CITY OF CLERMONT

UTILITY SERVICE REQUEST FORM

Date of Request:	Date of Service:

CUSTOMER INFORMATION

Customer Name		Telephone	
Mailing Address	City	State	Zip
Service Address	City	State	Zip
Lot #	Phase		
Subdivision			

OWNER INFORMATION

Owner Name			
Mailing Address	City	State	Zip
Forwarding Address	City	State	Zip

Check One: ☐ Commercial ☐ Single Family ☐ Multi-Family and # of Units

Metering Tampering Fee **– A fee of $350.00 per incident shall be charged to the individual responsible for payment of the utility account.**

CITY STAFF COMPLETES THE FOLLOWING SECTION

Service Requested: _____

Size: _____

Water Meter: _____

Irrigation Meter: _____

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

Date of Service: _____

Comments: