

**UTILITY SERVICE REQUEST**  
**UCF Department of Utilities & Energy Services**

<b>Requestor</b>		<b>Project Description</b>	
<b>Company Name</b>		<b>Project/Fl# (UCF)</b>	
<b>Phone</b>		<b>Project Manager</b>	
<b>Date Submitted</b>		<b>Phone</b>	
<b>Permanent Customer/Billing Information</b>			
<b>Business Entity/Dept. Name</b>			
<b>Department Number</b>			
<b>Contact Name</b>		<b>Contact Phone</b>	(    )    -
<b>Billing Address/Zip+4</b>			

**SERVICE DATES**

*Requested Date of Connection:* \_\_\_\_\_ *Requested Date for Disconnection* \_\_\_\_\_

**SERVICE TYPE REQUESTED:**

Service Type	New Service		Replacement		Disconnection		
	Temp	Perm	Temp	Perm	Temp	Perm	Meter Serial No.
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chilled Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potable Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reclaim Water (WW/Irrigation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Meter Location & Area/Facilities Served by Meter(s):** \_\_\_\_\_

**METER TYPE:**  Master     Submeter (of Master Meter# \_\_\_\_\_ )     Independent/Standalone

METER DATA	NEW METER	OLD METER
Manufacturer/Model		
Type/Size or Line Size		
Voltage/Phase Type/ Service Size (Amps)		
Conductors per Phase/ Conductor size		
Serial Number		
Rollover/Maximum Reading		
Billing Multiplier		
CT & PT Ratio (separate)		
CT Manuf/ Model / Solid or Split Core		
Date Installed		
Date Service Started/Stopped		
Reading/Units		

Work Order #		Installed By		Service Status	
Energy ID# (UCF)		Route # (UCF)		ERT ID# (UCF)	

**REQUIREMENTS CHECKLIST** *(section completed by UCF Department of Utilities & Energy Services)*

	Received	Passed	Completed	Initials
Electrical Inspection (Letter of Attestation, Engineering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Test (5 Ohms or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FSBO Agreement / Customer Setup (PeopleSoft)			<input type="checkbox"/>	
Meter/Account Setup (EnergyCAP)			<input type="checkbox"/>	

Notes: \_\_\_\_\_