



3 North Summit Street
 Crescent City, Florida 32112-2599
 (386) 698-1486
 (386) 698-2525
 Fax (386) 698-3467

Name: _____
 Spouse/Co-Renter: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

911: Location Address: _____
 Description: (Color, House, Mobile Home, Wood, Block,(Wht W/Grn Trim) Ect.

Do you have pets? If so, do they bite? : _____ Names: _____
 Home # _____ Cell # _____ Work # _____
 Do you own? _____ Rent? _____ Email Address: _____

Have you ever had an account with Crescent City Natural Gas before? _____

Landlord Name: _____ Phone# _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Deposit Required

Residential (Property Owner)

\$50.00 Minimum, otherwise based upon a 12 month average usage X 2 months \$ _____

Residential (Rental)

\$75.00 Minimum, otherwise based upon a 12 month average usage X 2 months \$ _____

Commercial

\$100.00 Minimum, otherwise based upon a 12 month average usage X 2 months \$ _____

Administrative Charge: \$35.00 (Non-Refundable) \$ _____

TOTAL DUE \$ _____

Deposit will not be accepted if the following copies are not included with this form:

- 1) Drivers License or Picture ID (2 Forms of ID) Both do not need to be pictured
- 2) If Renting: Proof of occupancy is required, copy of lease agreement ect.
- 3) If Owner: Copy of Deed, or Proposed Tax Assessment

"The City Natural Gas Department shall have access at any reasonable hour of the day to any premises served by the gas system or facility for inspection of piping and fixtures or for reading meters. The Natural Gas Department employees shall be allowed access to any premises served by the Natural Gas System at any time of the day or night to address emergency repair issues."

SIGNATURE: OWNER/RENTER: _____ DATE: _____

SPOUSE/ CO-RENTER: _____ DATE: _____

PLEASE REMIT THIS FORM WITH PAYMENT