



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:	Stat	e:	_Zip:
911: Location Address:			
Description: (Color, House, Mobile Ho			
Do you have pets? If so, do they bite?		Names:	
Home #	Cell #		
Do you own? Ren	t?		
Have you ever had an account with Cre	escent City Natural Gas bef	fore?	_
Landlord Name:		Phone#	
Mailing Address:			
City:	State:	Zip Code:	
Deposit Required			
Residential (Property Owner)			
\$50.00 Minimum, otherwise based upo	on 12-month average usag	ge X 2 months	\$
Residential (Rental)			
\$100.00 Minimum, otherwise based up	pon 12-month average usa	age X 2 months	\$
Commercial			
\$100.00 Minimum, otherwise based up	pon 12-month average usa	age X 2 months	\$
Administrative Charge: \$50.00 (Non-Re	efundable)		\$
		TOTAL DUE	\$
Deposit will not be accepted if the follo	owing copies are not includ	ded with this for	m:
1) Driver's License or Picture ID (2 Forn			<u> </u>
2) If Renting: Proof of occupancy is req	uired, copy of lease agree	ement etc.	
3) If Owner: Copy of Deed, or Propose			
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The City Natural Gas Department shal	II have access at any reaso	nable hour of th	ne day to any premises
served by the gas system or facility for i	inspection of piping and fix	xtures or for rea	ding meters. <u>The Natural</u>
Gas Department employees shall be al	lowed access to any prem	ises served by th	ne Natural Gas System at
any time of the day or night to address	emergency repair issues.		
SIGNATURE: OWNER/RENTER:			DATE:
SPOUSE/ CO-RENTER:			DATE: _