



City of Port St Lucie

Utility Systems Department

OFFICE USE ONLY

Approved: _____
Proj# _____ Initials/Date _____
Comments: _____

Email: UtilEng@cityofpsl.com

1001 SE Prineville St, Port St Lucie, FL 34984

Utility Service Information

Business Name:

Plaza Name:

Name:

Title:

Company Name:

Federal Tax ID#:

Mailing Address:

Street Address

City

State

Zip

Email Address:

Phone No:

Street Address

Bay/Suite No.

City

State

Zip

If yes, New meter size:

If yes, Provide plans