

CITY OF ALTAMONTE SPRINGS



APPLICATION FOR RECLAIMED WATER SERVICE

(Please Print or Type - Press Hard/4 copies)

Customer Category (check one):

- Class A (Residential) _____
- Class AM (Multi-Family) _____
- Class B (Public, Commercial, Office Industrial/Warehousing) _____

Name: _____ Date: _____

Property Name (if applicable): _____

Service Address: _____ Phone: _____

Billing Address: _____ Phone: _____

Property Description (CLASS A CUSTOMERS ONLY):

Subdivision _____

Type of Service Requested:

Irrigation _____ Other (explain) _____

Type of Irrigation System Presently Using:

In Ground _____ Garden Hose _____

Do you have a separate irrigation meter? Yes _____ No _____

Do you have a well? Yes _____ No _____

Below, please sketch your desired point of connection to the Reclaimed Water System, if not yet installed.

Note: Point of connection must be on the **property** side of the sidewalk along the property line. Draw in driveway. Put "X" where you would prefer service box.

Edge of pavement or curb ↗	
Property Line ↗	
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto; text-align: center;">Building</div>	

I, the Applicant, have read and understand the Summary of the City's Policies and Regulations governing the Installation and Use of the Reclaimed Water System and the Project APRICOT brochure. I agree to restrict use of reclaimed water for the purpose(s) described in the Summary and brochure. I agree that the City will not be held liable for damages that may occur to vegetation or for damages which may occur due to use of reclaimed water for purposes not included in the Summary and brochure, and agree to defend and hold harmless the City from all claims and judgements arising therefrom against the City by any person.

Signed: _____ Date: _____

Office use only	Location ID# _____	Customer ID# _____
Backflow Prevention Device _____		Type _____
Date Installed _____		Initials _____
Potable Irrigation Meter Yes _____ No _____	Date Pulled _____	Meter# _____
Meter Reading _____		Initials _____
Quick Disconnect Installed _____		Initials _____
Date Installed/Availability Date _____		
Reclaimed Service Locked/Pinned _____	Reason: _____	