REQUEST FOR TEMPORARY METER/CONNECTION
(FLORIDA STATUTE 633.025)

ALLOW SEVEN DAYS FOR PROCESSING OF THIS APPLICATION

DATE OF APPLICATION _____ SIZE REQUESTED _____
APPLICANT'S NAME _____
COMPANY _____
ADDRESS _____
PHONE (_____) _____

LEGAL ADDRESS OF TEMPORARY METER/CONNECTION _____
_____

REASON FOR USE OF TEMPORARY METER/CONNECTION
_____
_____

DATES OF USE
_____

APPROVED BACKFLOW EQUIPMENT TO BE PROVIDED BY
_____
_____
NOTE: A COPY OF THE BACKFLOW ASSEMBLY TEST REPORT MUST BE PROVIDED TO THE WATER OPERATIONS SUPERVISOR BEFORE INSTALLATION OF ANY TEMPORARY CONNECTIONS.

REQUEST APPROVED BY_____
SEMINOLE COUNTY ENVIRONMENTAL SERVICES DEPARTMENT

DATE _____

REQUEST DENIED FOR THE FOLLOWING REASON(S)
_____
_____
_____
DATE _____

FIRE LOSS MANAGEMENT APPROVAL BY _____
DISAPPROVED _____ DATE _____

DEPOSIT AND METER FEES WILL BE REQUIRED FOR ALL CONSTRUCTION CONNECTIONS.

RETURN THIS FORM TO SEMINOLE COUNTY ENVIRONMENTAL SERVICES DEPARTMENT, BILLINGS OFFICE AT 500 WEST LAKE MARY BLVD., SANFORD, FLORIDA 32773. ALONG WITH FIRE DEPARTMENT PERMIT ATTACHED