

BOARD OF COUNTY COMMISSIONERS WATER AND WASTEWATER SERVICES (WWS) BUSINESS OPERATIONS DIVISION 2555 WEST COPANS ROAD, BLDG. 1 POMPANO BEACH, FL 33069 (954) 831-3243 or (954) 831-3276 • wws_bfp@broward.org

ATTACHED: ① PHOTO ID (S) ② SUPP DOCS By _____ Date _____

APPLICATION FOR TEMPORARY WATER SERVICE (HYDRANT)

I hereby request that Broward County Water and Wastewater Services (WWS) provide temporary water service through a portable hydrant meter, located at the property described below for approximately ______ days, and not to exceed one (1) year from the date of installation, unless prior approval is authorized by WWS. I understand that I am fully responsible for all charges associated with this meter service; this includes, but is not limited to: unauthorized water usage, tampering, damages, theft of the portable hydrant meter, etc. I agree to pay the Board-approved, monthly rates for this service established by the Broward County Board of County Commissioners.

(1) <u>APPLICANT INFORMATION</u>				
TYPE OF USE:	New Construction	Fill New Water Mains	Other	
APPLICANT NAME:				
CONTACT NAME (if applicable):				
PHOTO ID: APPLICA	NT:	() STATE	NUMBER	
			NUMBER	
	S: STREET			ZIP + 4
MAILING ADDRESS:	STREET	CITY	STATE	
PHONE: HOME: ()	WORK: ()	MOBILE: ()	
E-MAIL ADDRESS:			ENROLL IN E- STATEMENTS	YES NO
FEDERAL TAX ID NO	:		AL LICENSE NO:	
PROMPTLY PAY FOR UTILITY WASTEWATER SERVICES. A INTERUPTION OF SERVICE (SERVICES BILLED MONTHLY AC CCOUNTS ARE BILLED MONT OR LATE CHARGES DUE TO NO	CORDING TO THE SCHEDULE OF U HLY, PLEASE CONTACT CUSTOME N-PAYMENT. I AGREE TO COMPLY	SESSED TO ME AT THE ABOVE NOTED PR TILITY RATES IMPLEMENTED BY BROWARD R SERVICE IF YOU DO NOT RECEIVE Y WITH ALL CURRENT AND FUTURE FEDE R WASTEWATER SERVICES PROCEDURES	OCOUNTY WATER AND YOUR BILL TO AVOID RAL AND STATE LAW,
APPLICANT UNDERSTANDS THAT PROPERTY TYPE FOR THIS ACCOUNT MAY IMPACT ESTIMATED MAXIMUM UTILITY DEMAND AND PREMISE'S CAPITAL RECOVERY RATE. THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.				
x			DATE	
FOR INTERNAL USE ONLY: \$				
CUSTOMER NO.	UAZ	PREMISE NO.	SECURITY DEPOSIT	CS REP