



BOARD OF COUNTY COMMISSIONERS
WATER & WASTEWATER SERVICES
 P.O. BOX 669300
 POMPANO BEACH FL 33066-9300
 (954)831-3243 • FAX (954) 831-0959

I hereby apply to Broward County Water and Wastewater Services to provide temporary water service, through a hydrant meter, at the premises listed for a period of _____ days. I understand that I am fully responsible for all charges at the subject property. I agree to pay for the service promptly at the rates established by Broward County WWS and agree to abide by present and future rules and regulations for water and sewer service established by the Board of County Commissioners.

APPLICATION FOR TEMPORARY WATER HYDRANT SERVICE

SERVICE ADDRESS: _____
STREET

_____ BLDG./APT/BAY # (CIRCLE ONE) _____ CITY _____ STATE _____ ZIP+4

CONTRACTOR: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP + 4

DAYTIME PHONE # (_____) _____ - _____ FAX # (_____) _____ - _____

FEDERAL TAX # _____ - _____ DRIVER'S LISCENSE # _____ STATE _____

DETAIL TYPE OF CONSTRUCTION (i.e. office bldg., fast food, retail store) _____

IF YOU HAVE/HAD ANOTHER ACCOUNT WITH WATER AND WASTEWATER SERVICES, STATE:

SERVICE ADDRESS: _____ ACCOUNT # _____

*****THE SECURITY DEPOSIT PLACED ON THIS ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE.*****

APPLICANTS SIGNATURE: _____ AGENT DATE: _____

PRINT NAME: _____ JOB TITLE: _____

WWS USE:				
_____	_____	_____	_____	_____
CUSTOMER#	UAZ	PREMISE	DEPOSIT	CLERK
METER NUMBER: _____ BEGINNING READ: _____ DATE: _____				
ISSUED BY: _____				