



# APPLICATION FOR POTABLE WATER, RECLAIMED WATER AND SANITARY SEWER

Applicants Name: \_\_\_\_\_

Address of Service: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Potable Water Meter

3/4"  1"

1.5"  2"

### Reclaimed Water Meter

3/4"  1"

1.5"  2"

### Back Flow Preventer DCVA (Residential or Commercial) Backflow RP Device (Medical or Food Service)

3/4"  1"

3/4"  1"

1.5"  2"

1.5"  2"

### Sanitary Sewer Service

New Service

Existing Service

Number of New Fixtures \_\_\_\_\_

Number of Existing Fixtures \_\_\_\_\_

CONDITIONS OF NEW SERVICE: I (We), do hereby certify that the information provided above is correct. It is also understood and agreed upon that Public Works shall install and set to grade the meter. In addition, thereto, it is understood and agreed upon that any damages to the meter and/or appurtenances, changes in grade after the meter has been set, relocation of meter, and/or any other service work required to be performed by the City of Pinellas Park, Florida shall result in the applicant assuming all cost associated therewith, including labor charges, for the required work after the initial setting of the meter and/or appurtenances.

Date: \_\_\_\_\_ X \_\_\_\_\_

Applicant's Signature

### To Be Completed by City of Pinellas Park

Account No: \_\_\_\_\_

Meter No: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date Installed \_\_\_\_\_

Remarks: \_\_\_\_\_

Permit No. \_\_\_\_\_

Work Order No. \_\_\_\_\_