



CITY OF SANFORD
APPLICATION FOR ALTERNATIVE WATER SERVICE

PO Box 2847 Sanford, FL 32772-2847 (407)688-5100 Fax (407)688-5114

APPLICANT

Date: _____

Name: _____

Service Address: _____

Subdivision: _____

Home Phone: _____ Alternate Phone: _____

OWNER, If different than applicant

Name: _____

Address: _____

City: _____

State: _____ Zip _____

Home Phone: _____ Alternate Phone: _____

Type of Service Requested: Irrigation Reclaim

I, the Applicant have read and understand the City's Policies and Procedures for Reclaimed Water Service and agree to restrict use of reclaimed water for the purpose(s) described in this application. I agree that the City will not be held liable for damages water that may occur to vegetation or for damages which may occur due to uses of reclaimed water for purposes not included in this application, and agree to defend and hold harmless the City from all claims and judgments arising therefore against the City by any person.

IN ACCORDANCE WITH THE CITY OF SANFORD RESOLUTION NO. 1522, I HAVE COMPLETED AN INDOCTRINATION PRESENTATION BY THE CITY OF SANFORD, PRIOR TO BEGINNING RECLAIMED WATER SERVICE TO APPLICANT'S ADDRESS; I HAVE READ THE RECLAIMED WATER PROGRAM BROCHURE THE SUBSCRIBER RESPONSIBILITIES, AND COMPLETELY UNDERSTAND THE REQUIREMENTS AND RULES RELATING TO OPERATION OF A RECLAIMED WATER IRRIGATION SYSTEM.

Signature _____ Date _____

Please Note: When mailing by FEDEX or UPS please send to:

Utility Department
Customer Service
300 N. Park Avenue Sanford, FL 32771