



ACKNOWLEDGEMENT OF RECLAIM SERVICE
(Please print legibly)

ACCOUNT HOLDER NAME(S): _____

PHONE NUMBER: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ/SHALL READ THE CITY OF OCOEE RECLAIMED WATER INFORMATION AT [HTTP://WWW.OCOEE.ORG/DEPARTMENTS/PU/RECLAIM.HTM](http://www.ocoee.org/DEPARTMENTS/PU/RECLAIM.HTM), AND COPIES ARE AVAILABLE UPON REQUEST BY CALLING (407) 905-3159; AND I AGREE TO RESTRICT THE USE OF RECLAIMED WATER FOR THE PURPOSE(S) DESCRIBED. FURTHERMORE, I UNDERSTAND THAT THE RECLAIM WATER SUPPLY IS SUBJECT TO TEMPORARY UNAVAILABILITY, AND I SHALL USE OTHER METHODS OF IRRIGATION DURING PERIODS IN WHICH IT IS UNAVAILABLE, WITH NO CREDIT ISSUED. I ALSO UNDERSTAND THAT IF MY IRRIGATION SYSTEM IS UNOPERATIONAL, I SHOULD CONTACT THE CITY OF OCOEE UTILITIES DEPARTMENT FOR INFORMATION ON THE RECLAIM SYSTEM'S STATUS BEFORE UNDERTAKING ANY REPAIRS TO MY IRRIGATION SYSTEM. I ALSO UNDERSTAND THAT THE UTILITIES DEPARTMENT WILL SEND A SERVICE TECHNICIAN TO INSPECT MY METER AND IRRIGATION SYSTEM SUPPLY AT NO COST TO ME.

THE CITY OF OCOEE'S RESPONSIBILITY FOR RECLAIMED WATER SHALL END AT THE CUSTOMER'S SIDE OF THE APPLICABLE METER. ALL PIPING, VALVES, FITTINGS AND FIXTURES BEYOND THE METER, INCLUDING CONVEYANCE, SHALL BE THE RESPONSIBILITY OF THE CUSTOMER.

I, THE UNDERSIGNED, UNDERSTAND THE CONDITIONS AND REQUIREMENTS OF THE USE OF RECLAIM AND WILL CONTINUE TO BE RESPONSIBLE FOR THE SAME UNTIL SUCH A TIME AS I REQUEST TERMINATION OF SERVICE.

SIGNATURE OF APPLICANT

DATE