

City of Fort Lauderdale

Prior to the issuance of the **Demolition Permit**, this form must be completed and taken to the **Water Department** to be stamped.

Name of App	plicant:		
Owner's Nar	me:		-
Owner's Pho	one:		
Contractor's	Name:		
Contractor's	Phone:		
Job Address	s(es):		
Account or L	ocation Number:		
		ox or boxes: * <u>Remove water met</u> Manager of Distribution and Coll	
X	Remove Water Meter		
	Keep Service Line (City Side)		
Remove Service Line (ity Side)	
Signature:			
Please return this stamped form to:		Sustainable Development 700 NW 19 th Avenue	

Fort Lauderdale, FL 33311 (954) 828 - 6520