



## North Springs Improvement District

9700 NW 52nd Street  
Coral Springs, Florida 33076

**Phone: (954) 752-0400**

**Option #1, Option #1 (M – F 8:00AM to 4:00PM)**

**After- Hours Emergency (954) 752-0403**

**Fax: (954) 755-7317**

### TEMPORARY WATER METER

(Approval Checklist)

1. Project Title/Owner: \_\_\_\_\_
2. Person Requesting temporary service: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ ID No.: \_\_\_\_\_
3. Use: \_\_\_\_\_
4. How long will the temporary service be needed? \_\_\_\_\_
5. What is the water flow requirement? \_\_\_\_\_ GPM
6. Are there any other temporary services for this project or in this general area?  
If yes, indicate location: \_\_\_\_\_  
\_\_\_\_\_
7. What other type of resources have been utilized for this project? (existing water meters, ponds, ditch water, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How are the resources and temporary meters being utilized? (filling frequency, usage, etc.) \_\_\_\_\_  
\_\_\_\_\_

#### NSID use only

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

NSID Inspector: \_\_\_\_\_ Called/Dated: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Premise ID No.: \_\_\_\_\_

**BILLING AUTHORIZATION**

Subdivision/Project: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Block No.: \_\_\_\_\_

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

For the water service and meter at the above location, please send all water bills for payment to:

Customer: \_\_\_\_\_

First Name

Middle Initial

Last Name

-or-

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby agrees to pay all charges incurred upon such water service and meter at the above location and to abide by all rules, regulations, and provisions prescribed by the North Springs Improvement District, Broward County FL, relating to water service and/or rates.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Customer's or Authorized Agent's Signature

\_\_\_\_\_  
Customer's Employer (if applicable)

Tel: \_\_\_\_\_ Eml: \_\_\_\_\_

\_\_\_\_\_  
**Effective Date**

**NOTICE FOR WATER SERVICE HOLDERS OF TEMPORARY WATER METERS**

In consideration of North Springs Improvement District granting this special type of service connection, the applicant hereby agrees to accept responsibility for safety and security of meter and appurtenances.

Applicant shall pay a deposit in the amount specified on attached fee schedule. Deposit may be forfeited for the following reasons:

- Meter is lost, stolen or damaged
- Meter is not returned within ninety (90) days without extension being granted
- Lack of payment for any incurred costs
- Failure to provide the meter reads electronically or meter inspected

Please be advised that the temporary meter will be removed on \_\_\_\_\_ or ninety (90) days from the date of processed application.

Meter reads will be allowed to be submitted electronically by sending a photo of the read for two consecutive months to: [nsid@nsidfl.gov](mailto:nsid@nsidfl.gov). On the third of the month of usage, the temp meter MUST be brought back to NSID facility for inspection. Failure to submit meter reads and meter inspections will incur a **\$25.00** penalty, the second violation may result in termination of service, removal of meter and forfeiture of deposit.

Should the temporary water service continue to be necessary beyond the removal date, you may request an extension of time. The request for extension, if approved, will be valid for up to an additional ninety (90) days and must be submitted in writing, no later than two (2) weeks prior to initial termination (meter removal) date. If the request for extension is not received within two (2) weeks prior to the removal date above, the service shall be automatically terminated and the meter will be removed.

To request temporary water meter service terminated before the removal date, please contact North Springs Improvement District Customer Service at (954) 752-0400.

**IMPORTANT NOTE:** Only the North Springs Improvement District is authorized to remove the temporary meters. Should the temporary meter be removed by the service holder from the authorized location, the water service shall be automatically terminated and the meter confiscated.

Once the meter is removed, a new application must be made. If approval is granted to reinstate the temporary water service, the applicant will be levied the prevailing meter installation charge. Application and payment must be made at 9700 NW 52nd Street, Coral Springs FL and will be accepted Monday thru Friday during regular business hours of 8:00am to 4:00pm, except holidays.

If you have any questions regarding this notice, please call (954) 752-0400.

I, as the customer, or the authorized representative/agent of the company named below, understand and agree to comply with all conditions of this notice stated above.

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Print Name (Authorized Rep/Agent or Customer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Premise ID No.: \_\_\_\_\_

**NOTIFICATION**

North Springs Improvement District will remove any meters that have exceeded their removal dates if the project does not submit a written request for an extension of time to continue the use of the temporary water service. No warning or notice will be given prior to removal of meter. The project will be required to apply for another temporary meter if service is required beyond the removal date.

Please note that any applicant that continually violates North Springs Improvement District's ("NSID") requirements/conditions for temporary water service shall be penalized. Failure to submit meter reads and meter inspection will incur a \$25.00 penalty, the second violation may result in termination of service, removal of meter and forfeit of deposit. Penalties may include, but are not limited to, immediate termination of temporary water service, forfeiture of deposit, denial of future temporary water service requests and criminal prosecution.

It is the applicant's responsibility to ensure that NSID receives the written extension notice two (2) weeks prior to termination date, if the temporary water service continues to be necessary. This will allow adequate time for the review of the extension request and to modify the termination date.

\_\_\_\_\_  
Print Name (Authorized Rep./Agent)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Date