## **Capacity Reservation Form**

| Date                                  | Service Requested:   | Water                | _ Sewer     | EMERALD COAST<br>UTILITIES AUTHORITY |
|---------------------------------------|----------------------|----------------------|-------------|--------------------------------------|
| Name of Project                       |                      |                      | Area(Acres) |                                      |
| Project Address (attach loca          | ation map):          |                      |             |                                      |
| Type Development: Residenti (Explain) | ial Commercial       |                      | Other       |                                      |
| Number and/or Size of Units_          |                      |                      |             |                                      |
| Estimated Flow: (Average Day          |                      |                      |             |                                      |
| Special Requirements:                 |                      |                      |             |                                      |
| Owner of Property: (type or pr        | rint)                |                      |             |                                      |
| Address:                              |                      |                      | _Phone:     |                                      |
| Developer: (type or print)            |                      |                      |             |                                      |
| Address:                              |                      |                      | _Phone:     |                                      |
| Engineer: (type or print)             |                      |                      |             |                                      |
| Address: (type or print)              |                      | Phone:               | Email:      |                                      |
| Submitted By: (type or print)_        |                      |                      | _Title:     |                                      |
| Signature of Submitter                |                      |                      | Title:      |                                      |
| FOR ECUA USE:                         |                      |                      | MAP PAGE:_  |                                      |
| Nearest Water Line of Adequa          | ate Size:            |                      |             |                                      |
| Size:                                 |                      | Pressure:_           |             | <del></del>                          |
| Nearest Sewer Line of Adequ           | ate Size:            |                      |             |                                      |
| Size:                                 | 1 <sup>st</sup> L/S: | 2 <sup>nd</sup> L/S: | Plant:_     |                                      |
| ECUA Sanitation?                      |                      |                      |             |                                      |
| Prepared By                           | Date                 | Reviewed             | Ву          |                                      |