



CITY OF OVIEDO FLORIDA

400 ALEXANDRIA BLVD • OVIEDO, FLORIDA 32765

407-971-5555 • WWW.CITYOFOVIEDO.NET

City of Oviedo Premise Visit Fee Agreement

Customer Name: _____

Account Number: _____

Address: _____

Date: _____

Due to high consumption on my account, I am requesting that the City of Oviedo send a Water Conservation Officer to check my meter for a leak.

I understand that if no leak is evident, there will be a minimum \$25.00 Premise Visit fee on my next bill. (Resolution 3019-15, Exhibit A, Section II, Miscellaneous Fees, Premise Visit Charge)

If there is a leak, the \$25.00 Premise Visit fee will not be charged.

By my signature below, I acknowledge that I have read and agree to the above listed conditions.

Customers Signature: _____

Customer Service Representatives Signature: _____