



## UTILITIES DEPARTMENT

WATER ♦ WASTEWATER ♦ RECLAIMED WATER ♦ ENGINEERING ♦ CUSTOMER SERVICE

15365 CORTEZ BOULEVARD ♦ BROOKSVILLE, FLORIDA 34613  
P 352.754.4037 ♦ F 352.754.4485 ♦ W [www.HernandoCounty.us](http://www.HernandoCounty.us)

# TEMPORARY CONSTRUCTION WATER METER PROCESS

Application to be filled out by the customer.

([www.hernandocounty.us/departments/departments](http://www.hernandocounty.us/departments/departments) N-Z/customer service  
Forms/HCUD Commercial Service Application)

Site plan / map indicating which hydrant the meter is to be installed.

Commercial Services Assistant can assist in finding the location.

The fee will be \$2,800.00 ( \$2,650.00 deposit & \$150.00 service charge )

HCUD only accepts cash, check or money order.

The fee to relocate the hydrant meter will be \$65.00 per occurrence.

Contact Commercial Services Assistant when requesting the relocation.

HCUD has 5 business days to install meter once application & fee's have been paid.

The monthly charge will be \$157.60 plus the water usage, which is based off tiers.

WATER TIERS	GALLONS	AMOUNT PER 1,000 GALLONS
TIER 1	0 TO 160,000	\$2.00
TIER 2	160,001 TO 320,000	\$3.20
TIER 3	320,001 TO 480,000	\$4.80
TIER 4	480,001 TO 800,000	\$6.90
TIER 5	800,001 TO 1,200,000	\$9.80
TIER 6	OVER 1,200,000	\$13.50

If the hydrant meter is for HCUD funded project, there will be no monthly charges.

Please contact Commercial Services Assistant for assistance:

[Commercialaccountspecialist@co.hernando.fl.us](mailto:Commercialaccountspecialist@co.hernando.fl.us)

REV 2024 / 2025

# TEMPORARY CONSTRUCTION WATER METER SERVICE APPLICATION

## HERNANDO COUNTY UTILITIES DEPARTMENT

15365 Cortez Boulevard, Brooksville, Florida 34613

352-754-4037 Ext. 35610

[Commercialaccountspecialist@co.hernando.fl.us](mailto:Commercialaccountspecialist@co.hernando.fl.us)



<https://www.hernandocounty.us/departments/departments-n-z/utilities-department/customer-service-forms>

Service Location:

Project Name:

Account Name:

Business Contact:

Business Mailing:

City/State:

Zip Code:

Federal Tax ID #:

Photo ID #:

Phone Number(s):

Email Address:

Hydrant Meter

Jumper Meter

\*\*\*FOR OFFICE USE ONLY\*\*\*

Date App & Payment Received

Account #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_

Application to be completed and signed by contractor or developer.

(initial)

Total amount due \$2,800.00 (\$2,650.00 Deposit & \$150.00 Service Charge).

(initial)

Provide site plan/map indicating requested location to install the temporary meter.

(initial)

Temporary meter relocation fee is \$65.00 per occurrence.

(initial)

HCUD has 5 business days to install temporary meter once application & fees have been paid.

(initial)

Monthly charge is \$157.60 plus water usage based on tier structure.

(initial)

If this is for a HCUD funded project (no usage charges) list project name:

The undersigned applicant(s) for water service agree(s), jointly and severally, if applicable, to conform to and abide by all the rates, rules and regulations provided by ordinance, code, resolution or otherwise of the Hernando County Water and Sewer District for water service as are now or hereafter in force and which are a part of this contract. Applicant(s) further agree(s), jointly and severally if applicable, to pay all charges for water, as they may become due and at the scheduled rate in effect, unless and until notice in writing is given by the applicant(s) to the District through the Utilities Department that service is to be discontinued for whatever period of time.

This application is subject to the Florida Public Records Law. Some persons may be entitled to have their personal information exempted from Public Records production. If you have any legal basis for exempting your information (law enforcement officers, certain government supervisory officials, etc.), please state the basis below. In the event of a Public Records request for your application, legal counsel will be asked to confirm whether the claimed exemption applies.

Public information exemption: YES

Please state the basis:

Signature:

Date:

Revised 10/01/24