



Data Logger Authorization

Account Number: _____

Account Name(s): _____

Service Address: _____

Home Phone Number: _____ Cell Number: _____

Email: _____

Reason for request: _____

Customer Initiated Data Logger – One Time Courtesy

Customer initiated Data Logger – Paid (\$_____ payment due at time of request)

How do you wish to receive the data logger information (check all that apply):

Phone call

via mail

via email

I understand that the first customer initiated data logger is done at a courtesy for this account and any additional data loggers requested will be charged at the amount set forth on the current adopted rate schedule.

I understand that customer initiated data logger requests may take up to three (3) weeks for results.

Signature of Bay Laurel Center CDD Account Holder(s)

Date