



Data Logger Authorization

Account Number: _____

Account Name(s): _____

Service Address: _____

Primary Number: _____ Secondary Number: _____

Email: _____

Reason for request: _____

Customer Initiated Data Logger – Annual (Jan 1 – Dec 31) 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 email

I understand that the first customer initiated data logger is done at a courtesy for this account and any additional data loggers requested in the same calendar year 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

Bay Laurel Center CDD
5575 SW 67th Avenue Road, Ocala FL 34474
Phone: 352-414-5454 Fax: 352-414-5461

Data Logger Authorization (02/19) (11/21) (9/25)