Lakeland	TANKER TR WATER CAPACITY		This space reserved be stamped received by Water Utilities
Please Submit Form To:	City of Lakeland Water Utilities Department, En Phone: (863) 834-8316 Fax: (863) 834-6178 W		
Project Name:			
Meter Address/Location:		Inside City Outside City	
Applicant: Contact Name: Email Address: Phone: Address:			
Describe Reaso	n for Request:		
CAPACITY REQUESTED: gallons per day average gallons per minute			
Describe Means/Methods of Calculation:			
Applicant Signature:			Date:
	DO NOT WRITE IN SPACE E	Capacity Approval: Date: GPD:	ONLY