

CITY OF BRANDON
REQUEST FOR WATERING RESTRICTIONS EXCEPTION

Name _____

Property Address _____

Phone Number _____

Email Address _____

Reason for the Exception:

Starting Date _____

Anticipated Ending Date _____

I certify that the above statement is true and correct. I agree to abide by any terms and conditions that the City of Brandon may place on my water usage subject to this exception. I understand that this exception may be terminated or modified, without notice, at any time by the City of Brandon.

Signature

Date

For City Use Only

This exception to watering restrictions is hereby ____ Approved ____ Denied

The following conditions have been placed on this exception:

City Official

Date