



Orlando Utilities Commission
 P.O. Box 3193
 Orlando, FL 32802
 Phone (407) 434-2557

Water Data Security Form

Customer Name:	Email Address:	Date:
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Company Name:	Telephone No.:	Fax Number:
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Company Address:

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Data Requested:

<input type="checkbox"/> Prints	<input type="checkbox"/> Specifications	<input type="checkbox"/> Digital Files	<input type="checkbox"/> Tiff Files	<input type="checkbox"/> Other (list below)
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No. of Copies	Request Description
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Map Panel(s):						
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Data Requested By:

<input type="checkbox"/> Customer Use	<input type="checkbox"/> Developer Use	<input type="checkbox"/> State Government Use
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<input type="checkbox"/> Consultant Use	<input type="checkbox"/> Local Government Use	<input type="checkbox"/> Federal Government Use
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<input type="checkbox"/> Other	
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Description of Data Use:

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I verify that all information stated above is accurate and any data acquired will only be used according to the description on this form and will not be used or distributed to other parties.

Signature: _____

Approved By:

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(VERIFY IDENTITY WITH DRIVERS' LICENSE CHECK)