

Charlotte Harbor Water Quality Initiative

East & West Spring Lake Wastewater Expansion (Contract B)

Customer Survey

Please return the completed survey via email to Coordinator.Engineering@charlottecountyfl.gov or via mail to: Engineering Services Coordinator, Charlotte County Utilities, 25550 Harbor View Road, Suite 1, Port Charlotte, FL 33980 or via fax to 941.764.4319. Upon receipt, a representative from Charlotte County Utilities (CCU) will contact you, or you may call 941.883.3508 to schedule a meeting at your residence to discuss the details of the project. Please indicate your preferred meeting day of the week _____ and time _____. Completing the survey will assist CCU in determining important information about water and sewer services to your property. Please return **within 30 days** of receiving this form so that we may schedule your on-site meeting.

Thank you very much for your participation.

Owner's Name	
Property Address	
City, State Zip	
Mailing Address, if different than above	
City, State Zip	
Contact phone number(s)	
Email address	
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Do you have future plans to add any of the following to your property?	
Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool cage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lanai	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driveway	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Front porch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrigation system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Culvert pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	
Do you currently have a fence on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please check all that apply: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Invisible dog fence
Do you reside at this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please let us know if you have a designated contact. Provide name, phone number(s), email address: _____ _____
Do you have any knowledge of a second septic system on your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note location, details, etc.
Any additional information	

_____ Date

_____ Signature

To be completed by CCU – Work Order # _____

Rev. 8/26/15