

**Reedy Creek Energy Services
Utility Service Request (USR)**

REQUESTOR NAME: ADDRESS:		CUSTOMER'S WALT DISNEY COMPANY CONTACT: NAME:	
PHONE: FAX:		DIVISION: PHONE:	
WHO WILL PAY THE MONTHLY UTILITY BILL FOR THE SERVICE(S)?		WHO WILL PAY FOR UTILITY CONSTRUCTION - IF CUSTOMER CONTRIBUTION IS REQUIRED?	
NAME: ADDRESS:		NAME: ADDRESS:	
PHONE:		PHONE:	
LOCATION AND TYPE OF FACILITY (TRAILER, HOTEL, ETC.)		FACILITY OPERATING HOURS	
		FROM _____ TO _____	
TYPE OF SERVICE: TEMPORARY _____ PERMANENT _____		UPGRADE _____ RELOCATION _____	
BASIS OF DEMAND ESTIMATES		DATE(S) SERVICE(S) NEEDED?	
BLUE SKY _____ SCHEMATIC _____ FINAL _____			
UTILITY REQUIRED	LOAD/DEMAND REQUIREMENTS		
ELECTRIC YES NO	VOLTAGE _____ volts	*PHASE _____	*CURRENT _____ amps
DOMESTIC WATER YES NO	AVERAGE DAY DEMAND _____ gpd FIRE FLOW _____ gpm	PEAK HOUR DEMAND _____ gpm PEAK DAY DEMAND _____ gpd	
SANITARY SEWER YES NO	AVERAGE DAY GENERATION _____ gpd	PEAK HOUR GENERATION _____ gpm	
RECLAIMED WATER YES NO	AVERAGE DAY DEMAND _____ gpd	PEAK HOUR DEMAND _____ gpm	
NATURAL GAS YES NO	ANNUAL CONSUMPTION _____ MMBTU/yr OR _____ Therms/yr. PEAK HOUR DEMAND _____ SCF/hr OR TOTAL CONNECTED LOAD _____ SCF/hr REQUESTED PRESSURE _____ 7"wc _____ 14"wc _____ 1 psig Other _____		
COMPRESSED AIR ** YES NO	PEAK DEMAND _____ SCFM	ANNUAL DEMAND _____ KSCF/yr	PRESSURE REQUIRED _____ psig
	Is Compressed Air: Used for life and/or property safety? Y / N Proposed for breathing air usage? Y / N		
CHILLED WATER ** YES NO	PEAK DEMAND _____ tons ANNUAL CONSUMPTION _____ kilotons/yr. REQUIRED SUPPLY PRESSURE _____ psig REQUIRED RETURN HEAD _____ psig OR _____ ft. PROPOSED TEMPERATURE REQUIREMENTS: _____ (T _{Supply} , °F) _____ (T _{Return} , °F)		
HOT WATER ** YES NO	HTHW or LTHW: PEAK DEMAND _____ MMBTU/hr ANNUAL DEMAND _____ MMBTU/yr		
SOLID WASTE YES NO	HOUSEHOLD _____ tons/day	CONSTRUCTION/DEMOLITION _____ tons/day	
	YARDWASTE _____ tons/day		
RECYCLING YES NO	FOOD - tons/day _____	CARDBOARD - tons/day _____	
	MIXED OFFICE PAPER - tons/day _____	ALUMINUM/STEEL - tons/day _____	
TELEPHONE (WDW Telecommunication Services) YES NO	NUMBER OF LINES: Is inside wiring needed? Y / N	#Single Phone _____	#Multi-Phone _____ #Pay Phone _____
		# Fax/Modem/Data Lines _____	Total # Lines _____

*Load breakout of demand required to support 3 phase requests and current values

**Geographically limited availability

ATTACH SITE PLAN AND RETURN TO:

ATTN: Judy Morehead

PHONE: (407) 824-4123 FAX: (407) 824-2016