

Fire Hydrant/Construction Meter Application

Today's Date: _____

Work Order # (Office Use): _____

Pick-Up Work Order # (Office Use): _____

Please Print All Information

1. Address Where Fire Hydrant Meter is Desired: _____
2. Name of Person(s)/Business Responsible for Payment for Fire Hydrant Meter Usage: _____
3. Your Name (*If different from above*): _____
4. Mobile Number: _____
Alternate Number: _____
5. Billing Address: _____
City/State/Zip: _____
6. Company Name: _____
Phone Number: _____
Accounting Department Contact Name: _____
Accounting Department Phone Number: _____
Company Address: _____
City/State/Zip: _____
7. **Date to Begin Service:** _____

Fees and Payment Terms:

		Initial Each Line:
Security Deposit:	\$1,000.00	_____
Monthly Base Fee:	\$50.00	_____
Monthly Commodity Charge:	As used	_____

Security Deposit shall be refunded to the applicant at the time the meter is returned in good working order, less amounts due for any unpaid balance and/or damage to the meter. All meters are charged a **Monthly Base Rate** for each month, or any part of a month, whether used or not, until returned. The **Monthly Commodity Charge** is equal to \$4.90 per 1,000 gallons of water metered.

In the event of theft or loss of the meter the deposit will be retained by the Districts' Representative as payment for the meter. Applicant is solely responsible for all remaining unpaid fees.

By signing below, you acknowledge and agree to the fees and payment terms listed herein.

Signature

Date

Receipt Number (Office Use) _____