

HYDRANT METER APPLICATION

DATE: _____

BUSINESS INFORMATION			
COMPANY NAME:			
BILLING ADDRESS:			
OFFICE CONTACT:			
OFFICE NUMBER:		EMAIL:	
FIELD CONTACT:			
FIELD CONTACT #:		EMAIL:	

SITE LOCATION	
SITE LOCATION:	
COMMENTS:	

RESPONSIBLE PARTY	
SIGNATURE:	
PRINTED NAME:	

*All commercial construction meters are set by the Public Works department once applied for and payment of deposit has been received. To initiate the removal of the meter, contact Customer Service in writing (email, fax, mail, etc.) with the date of removal, account number and/or meter number, and company name. *No same day sets or removals.*

FOR OFFICE USE ONLY		
DEPOSIT CK #:	RECEIVED BY:	RECEIVED DATE:
METER #:	START READ:	READ/SET DATE:
SET BY:	ENTERED BY:	ACCOUNT #:
NOTES:		