



HYDRANT METER REQUEST FORM

INSTALLATION

Date of Installation Request: _____ By: _____ Deposit **\$250.00** Connection Fee **\$80.00**

Acct# _____ Contact Name: _____ Contact # _____

Company Name: _____ Tax Id#: _____

Billing address: _____

Hydrant Location _____ Meter # _____

Meter Reading @ Installation _____ Meter Type: Cubic feet or Gallons
(Circle one)

Installed By: _____ Date Installed _____

Customer Signature: _____

=====

REMOVAL

Date of Removal Request: _____

Meter Reading @ Removal: _____ Cons Used : _____ Final Bill \$ _____

Meter Damage (if any): _____

Hydrant Damage (if any): _____

Repair Cost to be Deducted From Deposit: Meter \$ _____ Hydrant \$ _____ Total \$ _____

Removed By: _____

Please attach Business card here :