

WATER HYDRANT METER APPLICATION

NAME:_____

COMPANY NAME:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

BUSINESS PHONE:_____ CELL PHONE:_____

PREFERRED LOCATION OF METER:_____

DATE NEEDED:_____

The undersigned states that they are requesting a water hydrant meter to be installed for their benefit. The undersigned agrees that they will place with the City of Benson, at the time of application a \$735.00 deposit, \$700.00 of the deposit will be returned to the undersigned, less water usage charges at the end of their need. If the hydrant meter, the fire hydrant or water distribution system is damaged in any way, the undersigned agrees that the costs of repair shall also be deducted from the deposit before it is returned.

APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

METER NUMBER _____

WORK ORDER NUMBER _____