



WATER DEPARTMENT
APPLICATION / PERMIT FOR A HYDRANT METER

NAME: TITLE:

COMPANY NAME:

MAILING ADDRESS:

CITY STATE: ZIP:

PHONE NUMBER: FAX NUMBER:

PURPOSE OF HYDRANT METER USE:

HYDRANT LOCATION FOR METER PLACEMENT:

ESTIMATED TIME OF USE:

DEPOSIT: \$1500.00 for City Meter Check/Receipt #

I, THE UNDERSIGNED CONTRACTOR, UNDERSTAND THAT THE CITY OF PARKER STAFF WILL SET THE METER AND I UNDERSTAND THAT IF RELOCATING THE METER TO ANOTHER LOCATION IS NECESSARY, THAT I MUST CONTACT THE CITY OF PARKER STAFF TO MOVE THE METER (MINIMUM OF 24 HOUR NOTICE IS REQUIRED).

I, THE UNDERSIGNED CONTRACTOR, AGREE TO PAY THE CITY OF PARKER FOR ALL WATER USED AND UNDERSTAND THE METER WILL BE READ EVERY 30 DAYS BY THE CITY OF PARKER STAFF. UPON COMPLETION OF THE PROJECT, I WILL CONTACT THE CITY OF PARKER TO PICK UP THE HYDRANT METER.

I, THE UNDERSIGNED CONTRACTOR, AGREE AND UNDERSTAND THAT I AM RESPONSIBLE FOR THE HYDRANT METER AND WILL FORFEIT THE DEPOSIT IN THE EVENT THAT THE METER BECOMES LOST, STOLEN OR DAMAGED.

I, THE UNDERSIGNED CONTRACTOR, AGREE AND UNDERSTAND THAT IF THE METER IS TAMPERED WITH, THE DEPOSIT WILL BE FORFIETED, THE METER WILL BE PULLED BY CITY OF PARKER STAFF AND ADDITIONAL FEES MAY BE CHARGED FOR ANY DAMAGES.

CONTRACTOR: XX DATE:

RECEIVED BY CITY STAFF:

SECTION BELOW TO BE COMPLETED BY PARKER STAFF

NOTE: METER MUST BE SUPPORTED UNDER THE R.P. VALVE AND MUST BE SECURELY LOCKED TO THE FIRE HYDRANT!

SERIAL NUMBER FOR REDUCE-PRESSURE VALVE:

SERIAL NUMBER OF METER:

METER READING AT THE BEGINNING OF USE:

METER READING AT THE END OF USE:

Table with 3 columns: DATE, METER READING, READ BY