

City of Springfield

Application for Hydrant Meter

Date _____

Name of Person Requesting Meter _____

Company Name _____

Mailing Address _____

Company Tax ID Number _____

Name and Telephone Number of Field Contact _____

Purpose of Use _____

Location of Work _____

Estimated Length of Time Meter is Needed _____

FOR OFFICE USE ONLY

Refundable Deposit - \$1000.00 Paid Date _____ Check No. _____

Date of Issue _____ Delivered By _____

Meter Serial Number _____ Beginning Reading _____

AGREEMENT

The applicant is solely responsible for the hydrant and meter assembly and their use and condition while connected to the hydrant. Damage or theft of the meter assembly and/or any damages sustained while in the applicants use is the sole responsibility of the applicant. All replacing costs and/or damages to the meter assembly and/or hydrant will be subtracted from the deposit.

No hydrant meter assembly will be set if there is an unpaid balance for prior use.

I have read and understand the City of Springfield's Hydrant Meter Policy. I also understand that any damage and/or replacement cost associated with the hydrant meter is my sole responsibility while the meter is assigned to me.

Applicants Signature

Date