



**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: _____

LOCATION OF PURPOSED USE: _____

ESTIMATED TIME OF USE: _____

DEPOSIT:

- \$1500.00 for City Meter
- \$ 500.00 for Company Meter

Check/Receipt # _____
Check/Receipt # _____

I, THE UNDERSIGNED CONTRACTOR, AGREE TO PAY THE CITY OF PARKER FOR ALL WATER USED AND WILL RETURN THE METER TO CITY HALL EVERY 30 DAYS FOR A READING.

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.

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

CONTRACTOR: **XX** _____ DATE: _____

RECEIVED BY CITY STAFF: _____

***** SECTION BELOW TO BE COMPLETED BY PARKER STAFF *****

SERIAL NUMBER FOR REDUCE-PRESSURE VALVE: _____

SERIAL NUMBER OF METER: _____

METER READING AT THE BEGINNING OF USE: _____

METER READING AT THE END OF USE: _____

DATE	METER READING	READ BY