

Comments: _____

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Hydrant Meter / Bulk Water Application Requested date to Turn on: Date: Applicants Name: Drivers License #: State of Issuance: D.O.B. _____ Email: _____ Contact Number: _____ Company Name ______ Project Address: _____ Billing Address: Length of hydrant meter rental: ______ Estimated water usage: _____ Type of access needed (vehicle type, etc.): Type of Backflow device on applicant's equipment: RENTAL OF FIRE HYDRANT METERS ARE FOR TEMPORARY USE ONLY AND REQUIRE A DEPOSIT OF \$1500 WHICH WILL BE RETURNED UPON PAYMENT OF FINAL BILLING. Please read the following notes before signing this application: Application must be accompanied by a valid driver's license and deposit. An account must be activated with Utility Billing. Once the deposit is paid and the meter set up, a monthly fee will be charged regardless of usage until the account is closed. Meter must be accessible to be read by public works employees or an average bill will be calculated. A cancellation form is required to close out the account. Loss or damage to the meter, register and fittings will be taken from the deposit and an invoice for the remaining amount will be issued to the responsible party as needed for repair/ replacement of the city equipment. Once customer discontinues services, an inspection may be required to ensure no damage to property/ equipment before issuance of refund. Meters are read around the 22nd of every month and payment is due on the 15th of the following month. ***Once application is approved, our public works team will reach out to inform you of the location of your hydrant meter. *** I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Signature of Applicant:______ ***Office Use Only*** Approved: Date: _____ PW Director Approved: Date: Amount Collected: \$_____ Receipt: #_____ Date: _____ By: ____

Location of Hydrant: _____ Hydrant Placed on date: _____ Acct #_____ Route #_____ Serial #_____ Sequence # _____ Beginning Read ______