

920 WENDOVER BLVD,
PO BOX 430
WENDOVER, UT 84083



PHONE: (435) 665-7771
FAX: (435) 665-2523
WWW.WENDOVERCITYUTAH.COM

HYDRANT METER REQUEST FORM

Date

Account #

Name on Account:

(Please enter the name, as you would like it to appear on the bill)

Additional Party:

(Additional person authorized to work on the account.)

Service Address:

Mailing Address:

City

State

Zip

Phone: _____ **Other:** _____

Hydrant: _____
Meter ID # Current Reading INITIAL

Deposit: \$500.00

I the undersigned, understand and agree that I am responsible for all charges for the above services requested and will continue to be responsible for same until such time as I request termination of service and return the hydrant meter in same condition as received. I understand that if the meter is returned in non-working condition my deposit may be forfeited and I may be charged for replacement of said meter.

There is a minimum charge of \$37.86 per month of the hydrant meter. All accounts will be charged a minimum \$15.00 late fee OR if the balance exceeds \$333.33 a 1.5 % fee of the balance will be charged, if the account balance is not paid in full by the **20th of each month**. Accounts are subject to be shut off if the balance is not paid by the last day of the month. No exceptions.

Applicant Signature

Date

TERMINATION INFO

Hydrant: _____
Meter ID # Final Reading

Returning Applicant Signature

Date