



RALEIGH WATER – PUBLIC UTILITIES
HYDRANT METER APPLICATION

Forward your completed application for Hydrant Meter Services to:

Email: hydrant.meter@raleighnc.gov

Fax: 919.996.1865

For inquires please contact us at 919.996.2747

Hydrant Meter Pick Up: 3304 Terminal Dr Raleigh, NC 27604

(PLEASE PRINT)

Date _____

Name of Company _____

Federal I.D # (Last 4 digits) _____ or Social Security # (Last 4 digits) _____

(In order to prevent and mitigate ID theft and in compliance with the Fact Act of 2003 it is essential that every written communication, including emails, received by the Meter Operations Division contains the last four digits of the account holder's social security number or the tax identification number. In the event that a staff member within the Meter Operations Division needs to call to obtain additional information, such as the full social security number to validate identity, you must also provide a daytime telephone number.)

Requested by _____ Email Address _____

Office Telephone # (____) _____ - _____ Cell Telephone # (____) _____ - _____

Billing Address: _____
(Street) (City) (State) (Zip)

Service Address: _____
(Street) (City) (State) (Zip)

Deposits and Fees

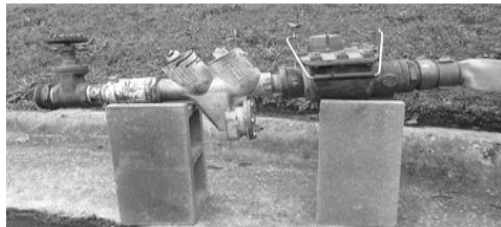
All new accounts will be assessed a \$500 deposit during the application process.

Rental Period: Daily (\$10) _____ Monthly (\$280) _____ Yearly (\$1500 paid in advance) _____

Meter Size (please select)

3" Meter - Fire Hose Connection _____

5/8" Meter – Garden Hose Connection _____



***Cement blocks provided by the customer or Provided by the City of Raleigh upon availability



By completing this application, Applicant agrees to comply with all conditions of the Raleigh Water Hydrant Meter Rental Policy, Handbook including the Appendices and Raleigh City Code and further agrees to cause all users of the unit to comply with the same. I further agree that if the applicant is a corporate entity, that I am authorized to sign on behalf of the applicant and if it is found that I am not, that I agree in my individual capacity to be responsible for compliance with all conditions of rental named above.

Applicant Name: _____

Applicant Signature: _____

Office Use Only

Meter #: _____
Meter Reading: _____
Account Number: _____
Premise Number: _____
Sequence Number: _____

Items Received	
<u>3" Meter</u>	<u>5/8" Meter</u>
10' Fire Hose	2 Hydrant Wrenches
2 Hydrant Wrenches	Hose Adapter
2 Hose Adapters	Accessory Bag
Accessory Bag	Instructions/Policy
Instructions/Policy	
2 Cement Blocks (upon Availability)	

Close Out Information

Date Closed _____ Meter Reading _____ Days _____

Billable Charges: _____ (email copy of form to customer)

Equipment Returned: 10' Fire Hose: _____ Hydrant Wrenches: _____ Hose Adapters: _____
Accessory Bag: _____ Cement Blocks: _____

Applicant Name: _____ Applicant Signature: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____ Meter Reading: _____

Returned Date: _____ Billable Charges: _____

Current Meter #: _____ Backflow S/N: _____ Meter Reading: _____

Equipment Returned: 10' Fire Hose: _____ Hydrant Wrenches: _____ Hose Adapters: _____
Accessory Bag: _____ Cement Blocks: _____

Applicant Name: _____ Applicant Signature: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____ Meter Reading: _____

Returned Date: _____ Billable Charges: _____

Current Meter #: _____ Backflow S/N: _____ Meter Reading: _____

Equipment Returned: 10' Fire Hose: _____ Hydrant Wrenches: _____ Hose Adapters: _____
Accessory Bag: _____ Cement Blocks: _____

Applicant Name: _____ Applicant Signature: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____ Meter Reading: _____

Returned Date: _____ Billable Charges: _____

Current Meter #: _____ Backflow S/N: _____ Meter Reading: _____

Equipment Returned: 10' Fire Hose: _____ Hydrant Wrenches: _____ Hose Adapters: _____
Accessory Bag: _____ Cement Blocks: _____

Applicant Name: _____ Applicant Signature: _____