



# FIRE HYDRANT METER APPLICATION FOR UTILITY SERVICE

Date: \_\_\_\_\_ PERMIT - COM, SFD, DEV, CIP, OR AEC # \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Email: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Purpose of Meter: \_\_\_\_\_ Duration Meter Is Needed: \_\_\_\_\_

Fire Hydrant Meter Location:

_____	_____	_____
_____	_____	_____

Customer Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**All Contractors must have a valid registration and an active permit - COM, SFD, DEV, or CIP through the town before a fire hydrant meter can be checked out.**

(Office Use Only)

Date: \_\_\_\_\_

Process Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Meter #: \_\_\_\_\_

Turn on Read: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Deposit Amount \$: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Work Order #: \_\_\_\_\_

Initials: \_\_\_\_\_

Town of Flower Mound Representative: \_\_\_\_\_

DATE CHECKED:

CHECKED BY: