

# Portable Fire Hydrant Meter Application

(A \$5.00 PER DAY SERVICE FEE PLUS WATER USAGE AT EUD'S CURRENT RATE WILL BE BILLED TO CREDIT CARD EACH MONTH)

BORROWER'S NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

BILLING ADDRESS (IF DIFFERENT FROM STREET ADDRESS): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COMPANY PHONE NUMBER: \_\_\_\_\_ BILLING CONTACT: \_\_\_\_\_

PROJECT LOCATION WHERE METER IS TO BE USED: \_\_\_\_\_

ESTIMATED DURATION OF USE: \_\_\_\_\_

## TERMS AND CONDITIONS:

- FAILURE TO RETURN THIS METER WITH 90 DAYS OF THE CONTRACT DATE MAY RESULT IN FORFEITURE OF DEPOSIT AND POSSIBLE PENALTIES UP TO FULL REPLACEMENT COST.
- COST OF REPAIRS FOR ANY DAMAGES OR MODIFICATIONS TO THE PORTABLE FIRE HYDRANT METER WILL BE BILLED TO THE COMPANY OR INDIVIDUALS CREDIT CARD.
- BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THE TERMS AND CONDITIONS OUTLINED IN THE PORTABLE FIRE HYDRANT POLICY ON THE REVERSE SIDE OF THIS APPLICATION.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

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## OFFICE USE ONLY

ACCOUNT NUMBER: \_\_\_\_\_

FIRE HYDRANT METER TOP NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

INITIAL METER READING: \_\_\_\_\_ (INCLUDE ALL DIGITS AND STATIONARY NUMBERS)

RETURN METER READING: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

- COLLECT REFUNDABLE \$500.00 DEPOSIT.
- OBTAIN A SIGNED AND DATED COPY OF THE PORTABLE FIRE HYDRANT POLICY.
- OBTAIN A COPY OF THE BORROWER'S VALID DRIVER'S LICENSE.
- OBTAIN A COPY OF THE BORROWER'S VALID CREDIT CARD TO REMAIN ON FILE.

INITIAL: \_\_\_\_\_