



City of Raleigh

PUBLIC UTILITIES-METER OPERATIONS 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 919.996.2797

REQUEST FOR HYDRANT METER SERVICES

(PLEASE PRINT)

Date _____

Name of Applicant _____

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)

Will you be working in Garner /Rolesville/Wake Forest/Knightdale/Wendell/Zebulon? Yes or No

Deposits and Fees
All new account will be assessed a \$500 deposit during the application process.
Rental Period: Daily (\$10) _____ Monthly (\$280) _____ Yearly (\$1500 paid in advance) _____

By making this application, Applicant agrees to comply with all conditions of rental which are described in the City of Raleigh Public Utilities 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

Received Accessory Bag: Yes or No

Received Connection Instructions and Policies Packet: Yes or No

Meter #: _____

Meter Reading: _____

Meter Size: 3" 5/8"

Rental Period: Day Month Yearly

Customer Number _____ Premise Number _____

Sequence Number _____ Deposit Number _____

Applicant Name: _____

Applicant Signature: _____

Close Out Information

Date Closed _____ Meter Reading _____ Days _____

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

Equipment Returned: Accessory Bag: Yes or No

Wrenches: _____ Adapters: _____ Fire Hose: _____

Applicant Name: _____

Applicant Name: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____

Returned Date: _____ Billable Charges: _____

Current Meter #: _____ Backflow S/N: _____

Equipment Returned: Accessory Bag: Yes or No

Wrenches: _____ Adapters: _____ Fire Hose: _____

Applicant Name: _____

Applicant Name: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____

Returned Date: _____ Billable Charges: _____

Current Meter #: _____ Backflow S/N: _____

Equipment Returned: Accessory Bag: Yes or No

Wrenches: _____ Adapters: _____ Fire Hose: _____

Applicant Name: _____

Applicant Name: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____
Returned Date: _____ Billable Charges: _____
Current Meter #: _____ Backflow S/N: _____
Equipment Returned: Accessory Bag: Yes or No
Wrenches: _____ Adapters: _____ Fire Hose: _____
Applicant Name: _____
Applicant Name: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____
Returned Date: _____ Billable Charges: _____
Current Meter #: _____ Backflow S/N: _____
Equipment Returned: Accessory Bag: Yes or No
Wrenches: _____ Adapters: _____ Fire Hose: _____
Applicant Name: _____
Applicant Name: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____
Returned Date: _____ Billable Charges: _____
Current Meter #: _____ Backflow S/N: _____
Equipment Returned: Accessory Bag: Yes or No
Wrenches: _____ Adapters: _____ Fire Hose: _____
Applicant Name: _____
Applicant Name: _____

Annual Maintenance Information

Returned Meter #: _____ Backflow S/N: _____
Returned Date: _____ Billable Charges: _____
Current Meter #: _____ Backflow S/N: _____
Equipment Returned: Accessory Bag: Yes or No
Wrenches: _____ Adapters: _____ Fire Hose: _____
Applicant Name: _____
Applicant Name: _____