IRVING
TEXAS

Application for Lease of Fire Hydrant Meter

Deposit: $1,500.00 / Application Fee: $100.00

APPLICANT

Company/Customer Name: _____

Address: _____ Street _____ City _____ State _____ ZIP

Billing Address: _____ Street _____ City _____ State _____ ZIP

Authorized Agent, Partner or Owner: _____

Phone: _____ Secondary Phone: _____ Fax: _____

Identification of Responsible Party: DL # _____ Exp. Date _____ State _____ SSN _____ - _____ - _____

ON-SITE CONTACT

Name: _____ Email Address: _____

Phone: _____ Emergency Phone: _____

Proposed Use: _____ Proposed Location: _____

Read the following and initial:

_____ I understand it is mandatory to this agreement that between the 20th and 25th of each month the City of Irving receives the meter reading by one of the following methods: 1) Brought to the Valley View Municipal Complex, 333 Valley View Lane, Irving, Texas 75061, to be read; 2) Electronically emailed to wtrbill@cityofirving.org; 3) Faxed to (972) 721-3767; or 4) Voicemail message at (972) 721-2108.

_____ I understand any readings received before the 20th or after the 25th of the month will not be accepted.

_____ I understand the meter is to be brought to the Valley View Municipal Complex, 333 Valley View Lane, Irving, Texas 75061, every three months for a physical reading by city personnel.

Due: First Quarter _____ **Second Quarter** _____ **Third Quarter** _____ **Return by** _____

_____ I understand that this lease expires 12 months from the Account Setup Date and must be returned at that time. If the account is needed longer a new application must be submitted, along with fee and deposit, where a new serviced meter will be given.

_____ The Applicant acknowledges that utility accounts and deposits will only be refunded in the name on the account. Utility deposits will be refunded upon disconnection of service and then only after the final bill has been applied.

_____ I have received the **meter and a stand** in good working condition; and, I understand that the Water Utilities Department will inspect the fire hydrant meter upon return. Any repairs to the meter or replacement of the stand will be paid by the customer. Stand must be turned in with the meter.

_____ Signature _____ Date

Office Use Only

Date Account Set Up: _____ Deposit Amount: _____ Application Fee: _____

Payment Type: ❑ Check # _____ ❑ Credit Card ❑ Cash ❑ Phone Confirmation # _____

Account #: _____ FH Meter # 290-_____

FH Meter Issued: _____ Returned: _____

Meter Stand: Issued: _____ Returned: _____

Begin Reading							0	0
End Reading							0	0

1st Quarter Check: _____ 2nd Quarter Check: _____ 3rd Quarter Check: _____

1st Quarter Read: _____ 2nd Quarter Read: _____ 3rd Quarter Read: _____

Date Returned: _____ Received by: _____

White Copy – Billing Yellow Copy – Customer Hard Copy – VVMC