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## HYDRANT METER SERVICE APPLICATION

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DATE OF APPLICATION: \_\_\_\_\_ DATE OF INSTALLATION REQUESTED: \_\_\_\_\_

LOCATION OF HYDRANT: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Billing

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Authorized User(s) on Account: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

City of Cloverdale Business License Number: \_\_\_\_\_

I understand all fees are subject to change based on City Council Resolution and I am responsible for all charges accrued on the account. I acknowledge that I have received the form titled "City of Cloverdale Utility Department Important Water and Sewer Service Information" which outlines my responsibilities and billing and payment procedures; and I fully understand the terms and responsibilities of having a water/sewer account with the City of Cloverdale.

**X** \_\_\_\_\_

Signature of Applicant/Account Holder

\_\_\_\_\_

Date Signed

### FULL PAYMENT REQUIRED

(Checks made payable to the City of Cloverdale)

- \$60.00 non-refundable start service fee
- \$1,000.00 Deposit

TOTAL DUE/PAID: \_\_\_\_\_