



FIRE HYDRANT METER APPLICATION FOR UTILITY SERVICE

Date: _____ PERMIT #: _____ 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 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: