

Chester Metroplitan District
Application for Temporary Use of Water From Fire Hydrant

Applicant Name: _____

Company: _____

Billing Address _____

Telephone Number: _____

SSN or FEIN: _____

Location of Hydrant: _____

Desired Set Date: _____

Permit Type: _____ Single Day

_____ 15-Day

_____ 30-Day

Number of Months (must be prepaid): _____

By signing this document, I agree to the following:

- Rates & fees in effect at the time of meter return shall be used to calculate amount due from water consumption.
- I assume responsibility for any damages while the meter is in my possession.
- The deposit paid will be held by CMD until the end of my permit period. Upon successful return of the undamaged meter, CMD will release my deposit.
- If my agreement is not extended before the end of the permit period, I will be required to submit a new application, and acknowledge that a meter may not be readily available for use.
- CMD has the authority to apply my deposit to the amount due from water consumption, and I am responsible for any additional amount due.
- If the amount due is less than my deposit, CMD will refund the balance by mail within fifteen (15) business days.

Printed Name Signature Date

Deposit Paid: _____

Received by: _____

Permit Fee Paid: _____

Date: _____

Hydrant Meter Number: _____

Receipt Number: _____

Readings: _____

Beginning

Ending

=

Gallons Used

Multiple Location Agreement: Yes / No

Agreement Number: _____

Worked By

Clerk

Date Set

Applicant

Date