



HYDRANT METER APPLICATION

METER NUMBER: _____

DATE: _____

INITIAL READING: _____

DATE OF FINAL READ: _____

FINAL READING: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

METER READINGS: (MUST BE FAXED EVERY TUESDAY TO (972) 468-4104 or a \$500.00 penalty will be charged according to Resolution No. 326)

SIGNATURE: _____

DATE: _____

READING: _____

DATE: _____

READING: _____

(PLEASE USE THE SEPARATE PIECE OF PAPER PROVIDED WITH COMPANY'S NAME AND HYDRANT INFORMATION ON IT PLEASE AND FAX TO NUMBER ABOVE).

DEPOSIT CHK #: _____

AMOUNT: \$ _____ REFUNDABLE (\$1500.00)

\$100.00 MONTHLY USE FEE WIL BE BILLED (RESOLUTION No. 326)

OFFICE CONTACT: _____

PHONE NUMBERS: OFFICE: _____

FAX: _____

MOBILE: _____

SITE LOCATION: _____

HYDRANT RECEIVED BY: _____

SIGNATURE: _____

RETURNED BY: _____

FOR OFFICE USE ONLY

APPROVED DENIED

SIGNATURE

DATE

Customer Service Department

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Email: customerservice@murphytx.org Website: www.murphytx.org