

**SOUTHERN MONTGOMERY COUNTY MUNICIPAL UTILITY DISTRICT**

**TEMPORARY METER APPLICATION**

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LOCATION OF HYDRANT FOR INSTALLATION OF METER: \_\_\_\_\_

I REQUEST TEMPORARY SERVICE AT THE ABOVE DISCRIBED LOCATION AND AGREE TO USE AND PAY THEREFORE IN ACCORDANCE WITH THE DISTRICT'S ESTABISHED RATES AND RULES. I FURTHER AGREE TO BE RESPONSIBLE FOR ALL CHARGES FOR WATER SERVICE AT THE ABOVE DESCRIBED LOCATION UNTIL I REQUEST DISCONTINUANCE OF SUCH SERVICE AND RETURN THE TEMPORARY METER TO THE DISTRICT OFFICE.

I AGREE THAT THE DISTRICT SHALL NOT BE LIABLE FOR (1) DAMAGE OF ANY KIND WHATSOEVER RESULTING FROM WATER OR THE USE OF WATER FROM THE DISTRICT'S FLUSHING VALVE BEING USED FOR THIS TEMPORARY WATER SERVICE AND (2) ANY DAMAGE OR INJURY ARISING FROM INTERRUPTION, INADEQUACY OR NON-AVAILABILITY OF WATER SERVICE.

I UNDERSTAND THAT (1) A DEPOSIT OF **\$2,500.00** AND AN INSTALLATION FEE OF **\$75.00** IS REQUIRED FOR TEMPORARY WATER METER SERVICE; (2) THE DISTRICT WILL OBTAIN A METER READING DURING NORMAL DISTRICT METER READING PERIODS (3) I WILL BE CHARGED ACCORDING TO THE DISTRICT'S CONSTRUCTION WATER RATE; \$35.00 FOR THE FIRST 10,000 GALLONS AND \$1.75 PER 1,000 GALLONS FOR USAGE OVER 10,000 GALLONS INCLUDING SURFACE WATER FEES AND PENALTIES ASSOCIATED THEREWITH AND (4) I WILL PAY THE BILL BY THE DUE DATE SHOWN ON THE WATER BILL OR PENALTIES WILL BE APPLIED.

AGENT FOR THE ABOVE NAMED COMPANY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

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**THIS SECTION FOR DISTRICT OFFICE USE ONLY**

REQUESTED  
METER SIZE: \_\_\_\_\_

REQUESTED  
INSTALLATION DATE: \_\_\_\_\_

METER NUMBER: \_\_\_\_\_

BEGINNING METER READ  
AND DATE READ: \_\_\_\_\_

ENDING METER READ  
AND DATE READ: \_\_\_\_\_

DEPOSIT AMOUNT  
AND DEPOSIT DATE: \_\_\_\_\_

INSTALLATION FEE  
AMOUNT AND DATE PAID: \_\_\_\_\_