



HYDRANT METER APPLICATION

Today's Date: _____

Company: _____ Applicant: _____

Hydrant Location: _____ Hydrant #: _____

City: Lexington State: SC Zip Code: 29072

Company Billing Address: _____

City: _____ State: _____ Zip Code: _____

Office #: _____ Work #: _____ Cell #: _____

Company EIN: _____

**Please read the terms and conditions related to the hydrant meter installation.
The application must be signed and deposit made before install.**

The Town of Lexington agrees to install a meter to the hydrant that I have specified above. The meter will remain in place until a request is made to have the meter removed. Once the meter is removed, the Town of Lexington will bill my company for the water registered on the meter. If the meter remains in place for more than three months, my company will be billed quarterly. If the payment is not made each quarter, the meter will be removed and the total balance will be due at that time. This amount will be deducted from the deposit amount submitted. If the calculated bill is more than the deposit made, I understand that the balance will be due in full. A \$28.00 meter installation fee will also be charged. Please contact the utilities department at 803-359-2434 to have the hydrant meter removed.

Signature _____ Printed Name _____ Date _____

..BELOW FOR FINANCE DEPARTMENT USE ONLY..

App Rec. By: _____ In Town: _____ Bus Lic # _____ Out Town: _____ Date App received: _____

Account #: 001-000001-00 SO #: _____ Verification: ID Type/Number _____

SO to Utilities: _____ SO to Mira for billing _____ Deposit collected: _____ Taped Receipt on back of App _____