



APPLICATION FOR HYDRANT METER

CITY OF AMES
Water & Pollution Control Department
Water Meter Division

300 East 5th Street, Building 2
Phone 515-239-5151 * Fax 515-239-5251 * Email watermeter@cityofames.org

Company Name _____ Application Date _____

Billing _____ Contact Person _____

Address _____ Business Phone _____

Meter Size Requested 1" with 1" MIP thread at outlet
Cell Phone _____

2" with 2" MIP thread at outlet

Water Use & Purpose _____ Date to Install Meter _____
(Limited to 30 days usage)

Hydrant Location Description _____ Date to Remove Meter _____

Comments _____

I hereby agree to be responsible for the water meter and backflow prevention assembly. I understand that I am responsible for payment for all charges and any damages caused to the water meter, the backflow prevention assembly, the fire hydrant or any other City of Ames property or facilities. I have read and understand the City of Ames Hydrant Meter Policy.

(Each application will be reviewed after 30 days of installation)

A REPRESENTATIVE OF YOUR COMPANY MUST BE PRESENT AT TIME OF INSTALLATION

Customer/Company Name

Signature

Authorized By (W&PC Dept.)

FOR CITY OF AMES OFFICIAL USE

Backflow Device
Serial No.: _____

Hydrant Meter
Box No.: _____

Installed By: _____

Date/Hours: _____

Removed By: _____

Date/Hours: _____

METERS READ IN CUBIC FEET
(100 Cubic Feet = 748 Gallons)

Removal Reading _____

Installation/Removal Fee _____

Installation Reading _____

Capacity Charges _____

Total Usage _____

Repair/Other Charges _____

Sent to Finance _____

Water Charges _____

Total Charges _____