

REQUEST FOR HYDRANT METER AND TEMPORARY WATER USE

Dona Ana Mutual Domestic Water Consumers Association



Hydrant

Application Date: _____

Applicant Information

COMPANY NAME: _____ WORK PHONE NUMBER: _____

SERVICE ADDRESS: _____ PRIMARY PHONE NUMBER: _____

MAILING ADDRESS: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

TAX ID NUMBER: _____ **DATE OF SERVICE TO BEGIN:** _____ **DATE SERVICE TO END:** _____

Fees

NEW SERVICES **\$25.00**

REFUNDABLE DEPOSIT **\$1,500.00**

INSTALLATION FEE **\$150.00**

RENEWAL APPLICATION **-NO CHARGE**

REFUNDABLE DEPOSIT \$ _____

RENTAL INSTALLATION FEE \$ _____

SERVICE CHARGE (IF APPLICABLE) \$ _____

SUBTOTAL: \$

LESS PAYMENT RECEIVED: \$

BALANCE DUE: \$

Payment Options Fees

TELE-CHECK

CREDIT/DEBIT

CASH

CHECK

AUTHORIZED REPRESENTATIVE OF LISTED COMPANY SIGNATURE

BY SIGNING YOU ACCEPT RESPONSIBILITY FOR ALL CHARGES IN REGARDS TO THIS ACCOUNT, WHICH INCLUDES A FLAT RATE CHARGE PER MONTH PLUS USAGE. IN ADDITION, YOU HAVE READ AND AGREE TO ADHERE TO THE POLICY ATTACHED HERETO AND TO THE CHARGES LISTED ABOVE.

DONA ANA MDWCA REPRESENTATIVE SIGNATURE

JENNIFER J. HORTON, EXECUTIVE DIRECTOR SIGNATURE

PURPOSE FOR HYDRANT METER:

CONSTRUCTION

ROAD WORK

BULK WATER

OTHER (SPECIFY): _____

ESTIMATED VOLUME OF WATER UTILIZED PER MONTH: _____

FOR INTERNAL USE

DRIVER'S LICENSE

CUSTOMER HANDBOOK

COMMERCIAL RATE STRUCTURE

ACCOUNT #: _____ METER #: _____ SEQUENCE #: _____

BACKFLOW PREVENTION UNIT #: _____ MANUFACTURER: _____

LOCK AND CHAIN ISSUED: YES ___ OR NO ___