



COMMONWEALTH OF MASSACHUSETTS

Town of Southwick

454 COLLEGE HIGHWAY SOUTHWICK, MA 01077

Department of Public Works

Telephone (413) 569-6772 Fax (413) 569-5001

Hydrant Meter Request Application

Date: _____

Name of Applicant: _____

Mailing Address: _____

Requested Address of Hydrant Connection: _____

Reason for Hydrant Connection: _____

Estimated Length of Connection: _____

Application Fee of \$50.00 Paid: _____ Deposit Received: _____

The hydrant water meter will be installed by the Water Department at the requested connection location. A charge of \$5.00 per day or \$100.00 per month, whichever is less will be billed to the applicant in addition to the water usage recorded by the water meter billed at the current rate. Applicant must notify the DPW when meter is to be picked up. DPW reserves the right to remove a meter at any time with minimal notice. A refundable \$500.00 deposit is required prior to the connection. Deposits are to be made payable to the Town of Southwick by check. The applicant is responsible any damage caused to the meter and/or backflow device. Any costs for damage or loss of the meter and/or backflow device will be billed to the applicant. The deposit will be held and returned to the applicant upon the safe return of the meter and backflow device.

The applicant agrees to the terms above by signing below.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Deposit Check# _____ Work Order # _____

Appointment Date & Time: _____

Meter #

Start Reading:

End Reading: _____

Total Usage:

Days Meter Connected:

BILLED TOTAL:

Tier 1:

Tier 2:

Tier 3:

Billed Date: