

CITY OF HUTTO
FIRE HYDRANT METER REQUEST FORM

Owner / Business: _____

Exact Location of Fire Hydrant Meter will be installed: _____

Service Start Date: _____

Contact Name: _____ Contact Ph. Number: _____

Is the use of the fire hydrant for a City of Hutto Project you were contracted for by the City?

- If "Yes" What is name of the city project? _____
- What is the name of the city's department the work is for or name of city official in charge of the project? _____

BILLING INFORMATION

Attention: _____

Mailing Address: _____

Office Phone Number: _____ Employer I.D. #: _____

Email address: _____

Private Owner Information

Social Security #: _____ Drivers License#: _____ State: _____

To exercise your rights, please check one the following:

_____ Yes, I hereby request confidentiality of my personal records. _____ I hereby rescind (cancel) my request for confidentiality.

- A Backflow Preventer must be provided by contractor. At the time of Fire Hydrant installation contractor must perform a backflow prevention test and complete " Fire Hydrant for Temporary Water Test and Maintenance Report".
- Deposit of \$1500.00 and a processing fee of \$300.00 must be paid in full prior to installation of Fire Hydrant Meter. Deposit will not be refunded back if there is any damage to Fire Hydrant Meter while in use. Deposit will be applied to any final bill balance.
- Once a Fire Hydrant Meter is installed please be sure NOT to pull onto private property when filling up trucks. To move a Fire Hydrant Meter from one location to another location will be done by city employee ONLY and a fee of \$300.00 will be charged each time it is moved and may require a backflow prevention test each time.
- In the event any utility account is closed with an unpaid balance and is not paid in full within 60 days from final bill date the account will be sent to collections and a 25% percent collection fee will be added to the balance.

By signing you have read and understood the information on this form.

Signature: _____

Date: _____

FIRE HYDRANT TEMPORARY WATER TEST AND MAINTENANCE REPORT

CITY OF HUTTO
FIRE HYDRANT METER REQUEST FORM

WATER SYSTEM ID #2460007

Backflow Prevention Assembly Information

Owner / Business Name: _____

Mailing Address: _____

Exact Location of Fire Hydrant Meter will be installed: _____

Reason the assembly is installed: _____

**THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY
COMMISSION REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.**

RPZ Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____

Fire Hydrant Meter #: _____ Meter Reading: _____

INITIAL TEST DATE: _____ TIME: _____	RPZ #1 CHECK VALVE _____PSID	RPZ #2 CHECK VALVE <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	DIFFERENTIAL PRESSURE RELIEF VALVE OPENED AT _____PSID
REPAIRS Yes or NO			
TEST AFTER REPAIRS	RPZ #1 CHECK VALVE _____PSID	RPZ #2 CHECK VALVE <input type="checkbox"/> CLOSED TIGHT	DIFFERENTIAL PRESSURE RELIEF VALVE OPENED AT _____PSID

**I CERTIFY ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT AS OF THE DATE OF THIS TEST.
THE INSTALLED ASSEMBLY IS IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR LOCAL CODES.
THE BACKFLOW TEST PASS ☐ OR FAIL ☐**

DATE GAUGE TESTED FOR ACCURACY: _____ GAUGE SERIAL #: _____

TESTER NAME: _____ TESTER LICENSE#: _____

TESTER SIGNATURE: _____ DATE: _____

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED