



Algona Municipal Utilities Hydrant Meter Application

Date: _____

THE UNDERSIGNED AGREES TO ALL RESPONSIBILITY FOR THE RENTAL OF A HYDRANT METER AND AGREES TO PAY FOR ALL WATER CHARGES INCURRED, EFFECTIVE WITH THE INSTALL DATE. **THE USE OF THE HYDRANT METER MUST BE APPROVED BY THE WATER OPERATIONS MANAGER OR GENERAL MANAGER.**

APPLICANT SIGNATURE _____

DEPOSIT AMOUNT \$3,500.00

THE USER OF THE HYDRANT METER AGREES TO REIMBURSE ALGONA MUNICIPAL UTILITIES FOR ALL SERVICE CALLS RELATED TO THIS METER OUTSIDE OF NORMAL WORKING HOURS.

OWNER/REPRESENTATIVE: _____

BUSINESS/ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

APPROVED LOCATION WHERE METER
WILL BE USED: _____

PROJECT: _____

DURATION OF USE: _____

DATE METER NEEDED: _____

I AGREE THAT THE HYDRANT METER WILL BE USED IN ACCORDANCE WITH ALL AMU RULES, REGULATIONS, AND PROCEDURES. ALL FEES AND CHARGES WILL BE PAID AS SPECIFIED IN AMU'S RATES AND THAT EXPENSES FOR THE REPAIR OF DAMAGE TO OR REPLACEMENT OF HYDRANT OR HYDRANT METER SHALL BE PAID BY THE UNDERSIGNED OR BY THE APPLYING ORGANIZATION/BUSINESS.

Initial Meter Reading: _____ Final Meter Reading: _____

Amount of Water Used (Gallons): _____

AMU Employee Signature: _____ Date: _____

Water Operations Manager or General
Manager Signature: _____ Date: _____

Deposit Paid: _____ Date: _____

May 17, 2021