

**Bryan County Rural Water, Sewer and Solid Waste Management
District No. 2**

9077 U.S. Hwy 70
P. O. Box 119
Mead, OK 73449-0119

Telephone (580) 924-8517
Fax (580) 931-3911
TTY 800-522-8506/voice or 711

Fire Hydrant Meter Agreement

Agreement made this _____, day of _____, Year _____, between Bryan Co Rural Water District # 2.

The undersigned hereby makes application for a **Fire Hydrant Meter Agreement** in the said District and agrees to the following conditions:

Fire Hydrant Meter Installation fee: 150.00

THIS IS A Fire Hydrant Meter AS DEFINED IN THE RULES AND REGULATIONS OF THE WATER DISTRICT WITH RATES AS ESTABLISHED BY DIRECTORS ON 02-09-09. WATER USED WILL BE BILLED AT \$5.00 PER 1,000 GALLONS.

APPLICATION AND AGREEMENT FOR "FIRE HYDRANT METER"

Name/Company Name _____

Mailing Address: _____ **Phone#** _____

Location of Meter: _____

Estimated Days Meter Will Be Needed: _____.

I agree to pay \$ 150.00 for installation. I understand I will be charged at the rate of \$5.00 per thousand gallons. (All Fee and Rates are Subject to Change at any time). I understand that I as a representative for the name listed above acknowledge all fee and charge that will be charge. I also acknowledge that \$1200.00 additional charge will be applied if meter is lost or damage.

I UNDERSTAND THIS WATER SERVICE IS FOR CONSTRUCTION ONLY AND THE WATER DISTRICT MUST BE NOTIFIED WHEN SERVICE IS NO LONGER NEEDED.

I'VE READ AND UNDERSTAND THE SERVICE AGREEMENT AS SET OUT ABOVE.

Members Signature

Date

Received By

Date

FOR OFFICE USE ONLY

Manager Approval _____ *Approval Date* _____ *By* _____

Meter Number _____ **Beginning Reading** _____ **Date Installed** _____

Installed By _____ **Disconnection Date** _____ **By** _____ **Final Reading** _____

Bryan County Rural Water, Sewer and Solid Waste Management District # 2 is an Equal Opportunity provider and Employer. In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the base of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)

