

City of Nampa

Hydrant Meter Application

All requests for hydrant meters must be made in person at **24 1st St S**, Nampa Idaho. A deposit in the amount of \$800 must be submitted at the time of application and all past due balances must be paid in full prior to the City accepting additional requests for meter usage. For meter questions, call **(208) 468-5860**.

Billing Information

Application Date _____ Estimated Project Completion _____ Inspector _____

Company to be billed: _____

Mailing Address _____
c/o, P.O. Box, or street number and name

City _____ State _____ Zip Code _____

Office Contact Person: _____

Day Phone () _____ Cell Phone () _____

Field Contact Person: _____

Day Phone () _____ Cell Phone () _____

Location Information

Project Location _____

Major Cross Streets _____

Terms of Use

Please read each statement carefully and then initial on the line provided.

_____ I understand that hydrant meter usage is to be used only for approved construction project.

_____ I understand that the hydrant meter must be brought in every month for a read or a \$25 late fee will be assessed.

_____ I understand that if the meter is not returned at the end of the project, the final inspection for the project may be delayed or the Certificate of Occupancy may be withheld until the meter is returned.

_____ I understand that equipment damage will be charged to my account.

_____ I understand the deposit will be returned after the meter is returned and any water usage charges and all late charges have been paid in full.

_____ I understand that temporary water meters are for commercial construction purposes only and may not be hard plumbed or used for irrigation purposes. Should it be found that a water meter is being used improperly, we reserve the right to remove the meter without notice.

REMINDER: Using un-metered water and/or tampering with fire hydrants is action that could result in a \$200 tampering charge and revocation of the hydrant meter permit.

Printed Name _____ Applicant Signature _____ Date Of Request _____

For Office Use Only

Deposit Paid _____ #	Account No.	ROA
Meter No. _____ CF or/ GAL _____ Condition _____	Date Returned _____	ROA Date _____
Start Read _____ Monthly Read _____	Invoice Date _____	Deposit Request Date _____
Monthly Read _____ Final Read _____	Invoice Amount _____	Amount Returned _____