



# Fire Hydrant Meter Move/Close Account Request

Department of Public Works  
Division of Public Utilities

## **1: Applicant Information:** (please type or print legibly)

Applicant/Company Legal Name: \_\_\_\_\_

Applicant/Company Mailing Address: \_\_\_\_\_

Applicant/Company Phone #: \_\_ (\_\_\_\_) \_\_\_\_\_ Fax # \_\_ (\_\_\_\_) \_\_\_\_\_

Applicant/Company E-Mail: \_\_\_\_\_

☐

Applicant is requesting to Move the Existing Fire Hydrant Meter

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Applicant is requesting to Close the Fire Hydrant Meter Account on \_\_\_\_\_  
Date

## **2. Request to Move Fire Hydrant Meter:** (please type or print legibly)

Reason: \_\_\_\_\_

Address of Current Location: \_\_\_\_\_

Address of Desired New Location: \_\_\_\_\_

## **3. Signature**

The undersigned agrees to pay the \$50 Service Charge for moving the Fire Hydrant Meter, as outlined and agreed to in the City of Wichita Falls' Terms and Conditions of Fire Hydrant Meters.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Official Use Only**

New Location Approved (Circle One) Yes No

\_\_\_\_\_  
Public Utilities Representative Signature

\_\_\_\_\_  
Date

If No (state reason) \_\_\_\_\_

New Hydrant Address: \_\_\_\_\_

Account Closure Request:

Return Date \_\_\_\_\_

End Reading: \_\_\_\_\_

Notification:

Water Distribution \_\_\_\_\_

\_\_\_\_\_  
Date

Utility Collections \_\_\_\_\_

\_\_\_\_\_  
Date



# Fire Hydrant Meter 90-Day Extension Request

Department of Public Works  
Division of Public Utilities

**1. Applicant Information:** (please type or print legibly)

Applicant/Company Legal Name: \_\_\_\_\_

Applicant/Company Mailing Address: \_\_\_\_\_

Applicant/Company Phone #: \_\_ (\_\_\_\_) \_\_\_\_\_ Fax # \_\_ (\_\_\_\_) \_\_\_\_\_

Applicant/Company E-Mail: \_\_\_\_\_

Federal Tax ID # or other ID (Required) \_\_\_\_\_

**2. Applicants Statement for Reason:** (please type or print legibly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Signature**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Official Use Only**

Extension Approved (Circle One)

Yes

No

\_\_\_\_\_  
Public Utilities Representative Signature

\_\_\_\_\_  
Date

If No (state reason) \_\_\_\_\_

New Date of Account Closure: \_\_\_\_\_

Notification:

Water Distribution

\_\_\_\_\_  
Date

Utility Collections

\_\_\_\_\_  
Date