



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

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		Utility Collections	



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 _____			Utility Collections	_____
Date			Date	