



**BRIAN HEAD TOWN**

**P.O. Box 190068, Brian Head, UT 84719**

**Phone (435) 677-2029 Fax (435) 677-3661**

## Request for Fire Hydrant Meter

Date: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Contractor Cell: \_\_\_\_\_

Date Meter Requested: \_\_\_\_\_

Deposit amount:  \$1500                      Cash/Check: \_\_\_\_\_

Date Given: \_\_\_\_\_                      Responsible Person: \_\_\_\_\_

Print Name: \_\_\_\_\_

Meter S/N: \_\_\_\_\_                      Begin Meter Reading: \_\_\_\_\_                      Initial \_\_\_\_\_

Date Returned: \_\_\_\_\_                      Final Meter Reading: \_\_\_\_\_                      Initial \_\_\_\_\_

Returned To: \_\_\_\_\_                      Monthly Readings:     Yes                       No

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**For office use only**

Date given to Treasurer for refund \_\_\_\_\_

Date Refund issued \_\_\_\_\_

Check No. \_\_\_\_\_