

City of Traverse City

Office of City Treasurer

GOVERNMENTAL CENTER
400 Boardman Avenue
Traverse City, MI 49684
(231) 922-4431
(231) 922-4485 FAX



**CITY OF TRAVERSE CITY
APPLICATION FOR USE OF HYDRANT METER**

Company Name: _____

Address: _____
Street City State Zip

Person Responsible for Meter (please print full name):

(last) (first) (middle)

Driver's License # _____

Date of Birth _____ Phone No. _____

Intended use of Hydrant Meter: _____

Location of Hydrant: _____

Anticipated dates to be used: _____

Size of Meter desired:

Size of Meter - 5/8 x 3/4"	Deposit:	\$ 400.00 _____
1"		\$ 500.00 _____
3"		\$1900.00 _____

\$40 permit fee and monthly water usage cost (\$14 - \$112 month) will be deducted from deposit. Contractor will be responsible for all damages to the hydrant meter and the hydrant. RPZ's will be tested monthly on site or arrangements may be made to have it tested elsewhere at the contractor's expense, and copies will be furnished by the contractor to the Project Engineer and the Water Maintenance Department (507 Hannah, Traverse City, MI 49686, 231-922-2057 fax).

The undersigned, declares and says he/she wishes to be permitted to perform the operation, service or act stated hereon and that the statements made above are true and correct to the best of his\her knowledge and belief. And further says that he/she will

comply with all provisions of the ordinances of the city of Traverse City relative to the operation, service or act for which the certificate is requested. Further agrees to hold the city of Traverse City free and harmless from all liability which may be imposed upon it, to reimburse the city of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the certificate was issued.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date

Authorized Signature

PERMIT FOR USE OF HYDRANT METER

Deposit Paid \$ _____ Permit No: _____ Issued to: _____

Date

Signature City Treasurer's office

**CITY OF TRAVERSE CITY
WATER DEPARTMENT HYDRANT METER USE**

Meter # _____ RPZ# _____ Date Tested _____

Checked out by: _____ Checked in by: _____

Date out: _____ Reading: _____

Date in: _____ Reading: _____

Meter Size: 5/8 1 3 RPZ Valve Wrench ADTR Quick Cplg

Condition: _____

Comments: _____

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**CITY OF TRAVERSE CITY
UTILITY ACCOUNTING HYDRANT METER USE**

Company Name: _____

Deposit Paid: \$ _____ Date: _____
(101-000-285)

Less Water Usage: \$ _____ Req. # _____
and Damages (591-000-601)

Less Permit Fee - 40.00
(591-000-650)

Refund Balance: \$ _____ Initial: _____