



COUNTY OF DARE

Department of Water
600 Mustian Street, Kill Devil Hills, North Carolina 27948

Water Distribution

HYDRANT METER APPLICATION

Phone: 475-5990
water@darenc.com

Date: _____

Customer/Company Name: _____

Billing Address: _____

Contact Name: _____

Contact Phone Number: _____

Hydrant Location: _____

Date Needed: _____

Signature of Applicant: _____

FOR OFFICE USE ONLY

Deposit Paid: _____ Method/Check #: _____

Meter #: _____

Date Installed: _____ Installed by: _____

Date	Beginning Reading	Ending Reading	Ready By	Usage	Water Charge

Final Read Date: _____

Total Usage: _____

Water Charge: _____

Flat Rate: \$42.59

Total Charge: _____

Deposit: _____

Difference Billed: _____

Difference Refunded: _____