

Town of Lillington Hydrant Meter Form



Company Name: Date:

Applicant Name: Photo ID#:

Mailing Address:

Street/P.O. Box

City

State

Zip

ID Information (SS#/Tax ID#):

Phone:

Street location of meter:

Requested install/set date:

Size of Meter:

NOT APPROVED

I understand that if I do not return this meter or if I return this meter damaged, I will forfeit my deposit and will be responsible for water usage estimated by Town of Lillington staff and will lose privilege of this service in the future.

Signature:

Please click Upload and Attach File located in the attachment box above to attach the following **required** document:

I have attached **proof of identity**- acceptable documents include a current state or foreign ID, driver's license, passport, military ID, VISA, birth certificate, or W-2

Meter will be installed the next business day or the date specified on the application (whichever is later). Meter will not be installed without a paid deposit and set fee. You will receive a call from Customer Service to discuss payment options.

By checking this box I agree to the statement above.

OFFICE USE ONLY

Account# _____ CID# _____ Initials _____ Attached Deposit _____ Emailed _____
Deposit Receipt # _____ Set Fee Receipt # _____