



**City of Rohnert Park
Public Works/Utility Department**

**Hydrant Meter Assembly /
On-site Water Meter Application**

Date of Application: _____ Date of Installation Requested: _____

Name of Project: _____

Job Site Address: _____

Contractor's Name: _____ License #: _____

Billing Address: _____
Street State Zip

Contact information: Name & Title: _____

Phone: _____ Cell phone: _____ Fax: _____

Describe location of hydrant: _____

City Business License Number: _____ or One Time Job

Signature of Applicant

Date

Public Works Department

Check No. _____ Date Received: _____ Taken By: _____
Deposit \$2500 (RW) – Connection Fee \$100 (CCC)

HMA Installation

HMA Removal

Meter Id _____

Beginning Read _____

Ending Read _____

Condition _____

Condition _____

Install Date _____ By _____

Removal Date _____ By _____

- Public Safety Notified
- Building
- Engineering
- Fire
- Planning

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- Building
- Engineering
- Fire
- Planning

Date: _____

Date: _____

