



## Application for Temporary Water / Fire Hydrant Meter

For Office Use Only

Account # \_\_\_\_\_ Location # \_\_\_\_\_

Name of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Office Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Federal ID# \_\_\_\_\_

Detailed description of fire hydrant location: \_\_\_\_\_

\_\_\_\_\_

Requested date of delivery \_\_\_\_\_

Please include your check in the amount of \$750.00 with this form and mail to:

Western Virginia Water Authority  
Attn: Billing Department/ Senior Billing Representative  
PO Box 1140  
Roanoke, VA 24006-1140

*Our Mission Is Clear*