

Hydrant Meter Use Policy

I, _____ as a representative of _____ hereby agree to the following use policy for the Davie County Public Utilities Department hydrant meter.

1. The use of this meter is on a temporary basis. Any and all backflow/cross connection prevention must be put in place in order to protect the public potable water system.
2. At any time (without notice) the Davie County Public Utilities Department may revoke the privilege of using the apparatus.
3. A Deposit of \$500.00 will be required the deposit will be applied to the final bill after any cost of repairs or replacement for the hydrant meter, backflow assembly, and any missing or damaged accessories will be deducted from the deposit prior to any refund being processed.
4. The Hydrant meter shall not be left unattended at any time and must be left in a secure location when not in use.
5. Only use approved hydrant wrench. Do **NOT** use a pipe wrench, crescent wrench, etc.
6. It shall be the responsibility of the person(s) who agree to the terms of the hydrant meter use policy to incur the cost of a new hydrant meter if lost, stolen or damaged. The Davie County Public Utilities Department must be notified immediately if the meter is lost, stolen, damaged or malfunctions in any way.
7. Any damage to the Davie County Public Utilities fire hydrant and/or potable water system caused by negligent use of a fire hydrant will be the responsibility of the person(s) who agree to the hydrant use policy.
8. The person(s) will incur the cost of all water used for the period at which the meter is used at the rate that is approved by the Davie County Board of Commissioners at the time of use. This will be billed to the user after the meter is returned to the Davie County Public Utilities Department.
9. The meter must be returned to the Davie County Public Utilities Department at 298 E. Depot Street, Mocksville during normal business hours.

Meter# _____ Date Checked out: _____ Date Returned _____

Begin Reading _____ End Reading _____

Contact Name: _____ Phone Number: _____

Billing Address: _____

Signature: _____ Date _____

