

**REQUEST FOR TEMPORARY METERED WATER SERVICE**

**SUMMARY OF FEES:**

Non-Refundable Set-up Fee	\$ 125.00
Deposit Fee	<u>\$ 825.00</u>
Total Due	\$ 950.00

Date: \_\_\_\_\_  
Date Set: \_\_\_\_\_  
Meter #: \_\_\_\_\_  
Reading \_\_\_\_\_  
Set By: \_\_\_\_\_  
Entered By: \_\_\_\_\_

**APPLICANT: Read before signing**

1. Upon completion of this application and after the hydrant meter has been assigned, you are responsible for the care and maintenance of the meter and its accompanying eddy valve which is supplied by the City. If the meter assembly is lost or damaged, cost of the replacement of the meter assembly or cost of the repairs will be deducted from the deposit fee of \$825.00.
2. Authorized use shall commence only upon installation of the meter assembly by a Utilities Division employee, who will instruct you on the use of the hydrant and eddy valve. The meter will be installed with a lock and chain onto the fire hydrant and **no floaters** will be allowed. If relocation is required, you must first make arrangements to pay the relocation fee of \$125.00 for each meter location at the Utilities Division counter located at 380 E Ave Pico, San Clemente CA, 92672. If you have questions, please call 949-366-1553. The applicant is liable for theft, damage and **all water used through the meter.**
3. You will be charged \$3.00 per day for rental of the meter and \$4.05 per unit of water used. A Utilities Division technician will read the meter each month and the City will bill you on a monthly basis.
4. **Important:** Please call, email or fax the Utilities Division to cancel your meter service. Office hours are 7:00 a.m. to 4:30 p.m. Monday through Thursday, and Fridays from 7:00 a.m. to 3:30 p.m. The office number is (949) 366-1553 and the fax number is (949) 361-8234. You can email Utilities at WaterSewer@san-clemente.org.

**THE RENTAL OF THIS FIRE HYDRANT WATER METER SHALL NOT CONSTITUTE YOUR RIGHT TO WATER ON DEMAND. WATER WILL BE PROVIDED ON AN AVAILABLE BASIS AND MAY BE REVOKED DURING PERIODS OF HIGH DEMAND WHICH REQUIRE WATER CONSERVATION MEASURES.**

PLEASE BILL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ PH. NO.: \_\_\_\_\_

APPLICANT SIGNATURE & TITLE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

FOREMAN: \_\_\_\_\_ PH. NO.: \_\_\_\_\_

JOB STARTS: \_\_\_\_\_