



# COUNTY OF DARE

Department of Water  
600 Mustian Street, Kill Devil Hills, North Carolina 27948

Water Distribution

## HYDRANT METER APPLICATION

Phone: 475-5990  
Fax: 441-2239

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Hydrant Location: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit Paid: \_\_\_\_\_ Method/Check #: \_\_\_\_\_

Meter #: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Installed by: \_\_\_\_\_

Date	Beginning Reading	Ending Reading	Ready By	Usage	Water Charge

Final Read Date: \_\_\_\_\_

Total Usage: \_\_\_\_\_

Water Charge: \_\_\_\_\_

Flat Rate: \$36.50

Total Charge: \_\_\_\_\_

Deposit: \_\_\_\_\_

Difference Billed: \_\_\_\_\_

Difference Refunded: \_\_\_\_\_