CITY OF WILMINGTON
APPLICATION AND AGREEMENT FOR
TEMPORARY (HYDRANT) METER FOR WATER SERVICE
69 N. SOUTH STREET
WILMINGTON OH, 45177
937-382-5711
Website: wilmingtonoh.org
Email: wateroffice@wilmingtonoh.org

Account # _____

Section I: Applicant Information

Company Name: _____ Applicant's Name_____

Driver" License #: _____ Phone # _____ Project Name: _____

Project Address: _____

Effective Date: _____ Date of Meter Return: _____

Billing Address :_____ Current Cost of Meter Plus 20% :_____

Section II: Property Owner Information

Owner of Project Property: _____

Owner's Address: _____ Phone# _____

By checking this box I acknowledge and agree that all water metered by the assigned device is non-potable and no cross connections will be made per rules and regulations set forth in Chapters 927.19 and 927.21 of the Codified Ordinances of the City of Wilmington. ☐

Agreement: I, the undersigned, hereby make application to the Wilmington Utility Billing Department for services. I agree to pay for such services at the same rates in effect, or as amended from time to time, as established by Ordinances adopted by the legislative authority of the City of Wilmington. I agree to abide by all the rules and regulations of the Utility Billing Department, as set forth in Chapter 927.20 of the Codified Ordinances of the City of Wilmington, which are incorporated herein and made a part hereof. I agree to use such services for my own purposes and not to sell any part of same or permit its use for any other purpose: I agree that duly authorized agents and employees of the Utility Billing Department shall have access to my premises at all reasonable hours for the purpose of reading meters, installation or removal of meters and for inspection of equipment incident to carrying out this agreement. I further agree to hold the City of Wilmington Utility Billing Department, the City of Wilmington and its agents, officials, and employees harmless from any and all claims and demands alleged for loss, injury or damage to property or persons arising out of the delivery of services beyond the point of metering. In the event of my failure to comply with any of the terms and conditions of this agreement, I **AGREE THAT SAID UTILITY BILLING DEPARTMENT OR ITS REPRESENTATIVES, MAY DISCONTINUE SERVICE HEREUNDER WITHOUT FURTHER NOTICE TO ME, AND THAT SUCH DISCONTINUANCE WILL NOT CONSTITUTE WAIVER OF ANY CLAIMS AGAINST ME FOR PRIOR SERVICE RENDERED HEREUNDER BY SAID UTILITY BILLING DEPARTMENT. I UNDERSTAND THAT SAID UTILITY BILLING DEPARTMENT MAY NOTIFY THE OWNER OF THE PROJECT PROPERTY TO ACCESS THE METER IF APPLICANT FAILS TO PROVIDE ACCESS.**

Applicant's Signature: _____ **Date:** _____