



The Metropolitan District

Year **2026**

Application and Tracking Document for Installation of a Temporary Hydrant Meter

MDC Application Number: **2026**

This section to be filled in by Applicant

Name: _____

Date: _____

Address: _____

Anticipated Installation Date: _____

For what purpose will meter be used? List all uses.

Expected Removal Date: _____

Road/Construction Contractor

Irrigation/Farming

Landscape Contractor

Other (specify) _____

Location where meter will be installed: _____

street

nearest intersecting street

Town

Work Phone# : _____ 24 Hour Emergency # : _____

Cell Phone # : _____ Fax #: _____

email address: _____ Preferred phone # during day: _____

Signature of applicant Certifies that applicant has read and will comply with Public Health Code Cross Connection Regulation 19-13-B37, 19-13-B38a and District guidelines for safe operation of hydrant use.

Applicant **MUST** notify The Metropolitan District prior to removal of hydrant meter.

Signed by: _____ Date: _____

Customer signature

This section to be filled in by Customer Service Department:

Date: _____ Meter Number: _____ Initial Meter Reading: _____

Non-refundable \$1500 permit/inspection fee, plus an additional \$3250 hydrant meter deposit

Number: _____ Document number: _____

Signed by: _____

Manager of Customer Services or Designee

This section to be filled in by Cross-Connection Liaison/Technician (if backflow prevention is required)

Date of Test: _____ Installed by: _____

Tag # _____

Did device pass test? YES NO

Approved for Use: _____ Date: _____

Cross-Connection Technician/Liaison

Approved moving of hydrant meter:

Date: _____

Location to: _____ street

_____ nearest intersecting street

_____ Town