



Application for Temporary Water/Fire Hydrant Meter

For Office Use Only

Account #: _____ Location #: _____

Name of Business: _____

Contact Person: _____

Office Number: _____ Cell Number: _____

Mailing Address: _____

Federal ID #: _____

Detailed description of fire hydrant location: _____

Requested Date of Delivery: _____

Please include your check in the amount of \$750.00 and mail to:

Western Virginia Water Authority
Attn: Billing Department/Senior Billing Rep
PO Box 1140
Roanoke VA 24006-1140