



Application for Temporary Water / Fire Hydrant Meter

Name of Business _____

Contact Person _____

Office Number _____ Cell Number _____

Email Address _____

Mailing Address _____

Federal ID# _____

Detailed description of fire hydrant location: _____

Requested date of delivery _____

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

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

For Office Use Only

Account # _____ Location # _____

Our Mission Is Clear