



HYDRANT METER APPLICATION FORM

Company Name: _____

Office Telephone Number: _____

Billing Address Street: _____

City, State, and Zip code: _____

Contact Person: _____

Phone Number: _____

Location for Use: _____

Construction/Temporary Use Permit#: _____

Is this a City project? Yes No If yes, which Department: _____

Anticipated meter pickup date: _____

Length of time meter is needed (days, weeks, months): _____

Select meter size (**CIRCLE ONE**)

	<u>5/8"</u>	<u>3"</u>
Meter fee	\$ 400.00	\$ 2,600.00
Deposit	\$ 170.00	\$ 2,550.00

Payment must be made with cash, check, or money order only.

(These fees are refundable as long as the meter and backflow are returned in good working order.)
All meters are picked up at the meter shop located across from the water treatment plant at 901 NW 66th Ave between 8 a.m. and 4 p.m. Access will not be granted to the premises without the proper paperwork and notification from the Utility Billing Division.

Hydrant availability charges will be charged monthly until the meter is returned:

Meter size:	<u>5/8"</u>	<u>3"</u>
Minimum monthly availability charges (excludes 10% tax)	\$ 19.11	\$ 613.87
Consumption charges are \$6.89 per 1,000 gallons plus 10% tax		

**UTILITY BILLING DIVISION
DEPARTMENT OF ENVIRONMENTAL & ENGINEERING SERVICES (DEES)**

901 NW 66TH Ave, Margate, FL 33063 • Phone: (954) 884-3666 • <http://www.margatefl.com> • email: waterbills@margatefl.com



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- The City needs a meter reading by the 10th of each month or usage will be estimated.** Readings must be emailed to waterbills@margatefl.com with a photo, with the meter number and meter reading fully visible.
- If you have three (3) consecutive months of estimated use, you will be asked to return the meter immediately to the meter shop at 980 NW 66th Avenue.
- If you have three (3) consecutive months of non-use, you will be asked to return the hydrant meter to the meter shop at 980 NW 66th Avenue. Any meter rented for over a year will need to be manually inspected by a City employee and a possible bench test may need to be performed.

I agree to the terms and conditions stated above.

E-mail Address: _____

Customer Signature: _____

Date: _____

FY2026

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