

Water Supply District of Acton

693 MASSACHUSETTS AVENUE
P.O. BOX 953
ACTON, MASSACHUSETTS 01720-0953

TELEPHONE: 978-263-9107

FAX: 978-264-0148

APPLICATION FOR TEMPORARY CONSTRUCTION METER

Date: _____

Company/Application Name: _____ Telephone: _____

Billing Information: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant requests installation of a Temporary Hydrant Meter at **Address:** _____

A deposit of \$2,100.00 (payable to Acton Water District) is required with this application, which includes a \$2,000.00 deposit and a one-time nonrefundable set-up fee of \$100.00. All water used will be billed at a rate of \$10.00 per day, **plus** the highest current summer rate on the inclining block rate structure for all cubic feet used. Current inclining block rates can be found on our website www.actonwater.com. The meter will be read monthly and billed quarterly.

The Acton Water District shall remove the meter once the applicant has provided notice of completion of use. The Water District will inspect for damage and calculate a final bill, or refund, depending upon water used and meter condition.

Applicant understands and agrees that the use of the meter is TEMPORARY. The Acton Water District reserves the right to limit the volume of water used, and/or to terminate use completely for any reason.

Applicant shall follow all outdoor water use restrictions as listed on our website <https://actonwater.com/conservation/outdoor-water-restrictions>.

Signed: _____ Date: _____

Deposit Check#: _____ Meter #: _____ Transponder #: _____

3" Meter? If so, what is the backflow serial #? _____

Start Reading: _____ Start Date: _____

End Reading: _____ End Date: _____

Notes/Comments: _____
