CAPE FEAR PUBLIC UTILITY AUTHORITY
235 Government Center Drive
Wilmington, NC 28403
910-332-6550 Customer Service
910-332-6352 Fax
www.cfpua.org

Application for Hydrant Meter for Festivals
Attach $500 Deposit (Checks made payable to CFPUA)

FOR OFFICE USE:
Customer ID _____ Location ID _____ Deposit Required? Yes_____ Amount__$500.00_____

APPLICANT INFORMATION

Name_____

Mailing Address _____
STREET CITY STATE ZIP

Home # ( ) _____ Work # ( ) _____ Pager #( ) _____ Cell # ( ) _____

Social Security# or TIN_____ Driver's License # _____ State _____ Birth Date_____

Note: Disclosure of your social security number or Tax Identification Number is voluntary. We are authorized to collect this information because we are extending credit for services and it will only be used for collection of debts owed to the Authority. The last four digits of your Social Security number will be used to verify your identity before disclosing account information in accordance with FTC Identity Theft Prevention and Detection regulations.

APPLICANT AUTHORIZATION

I am requesting that a hydrant meter be installed at the following location:_____

On _____ (date) and be removed on _____ (date).

- I understand that there is a $500 deposit for each hydrant meter.
- I understand that the fee for installation and removal of the hydrant meter is $50.00 which will be deducted from my deposit.
- I understand that all water used through the meter will be billed at the commercial rate listed in the fee schedule and will be deducted from my deposit.
- I understand that any costs associated with damage, vandalism or loss of the hydrant meter will be deducted from my deposit.
- I understand that I will be responsible for payment of any water usage or other charges incurred in excess of my deposit within 30 days of receipt of a bill and that CFPUA may take legal action to collect any amounts due.

The above information is correct to the best of my knowledge. I have read and understand the billing procedures and policies above.

_____ _____
APPLICANT SIGNATURE **DATE**