

**City of Newton
Department of Public Works
Utilities Division**

HYDRANT METER APPLICATION

Deposit Required: For 1" or smaller \$2,000.00 For 1 1/2" or larger \$5,000.00

Address of Hydrant: _____ **Date:** _____

(Application is only good for address listed above & the device cannot be moved to another location.)

Applicant: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____

On site contact name: _____ **On site contact number:** _____

Size of Meter Requested: 3/4" 1" 1-1/2" 2"

Intended Use: Demo Construction Other

If other, please give a brief explanation of intended use and it will require authorization from the department head before device is issued.

Print Name: _____ **Signature:** _____

1. Deliver or mail a certified check made out to the City of Newton and this completed form to the City of Newton Water/Sewer Billing Office 1000 Commonwealth Ave. Newton MA. 02459
2. The Utilities Division will contact you to arrange for the construction meter and backflow preventer device to be installed **at the address listed above.**
3. There is a \$100 charge for the installation and removal of the device, **that can only be done by a city employee.** There is another \$90 fee for testing the backflow device.
4. All devices are issued for 30 days, after 30 days the city will shut the water off & the take device without notice.
5. The applicant must contact the city at 617-796-1640 to arrange to have device removed by the city no later than November 15th, or applicant will lose deposit.
6. All fees will be deducted from the deposit.

We require 48 hours advance notice prior to the date you wish to have the meter and the backflow device installed and tested. The Utilities Division will shut off the water and remove the device in the event of any irregularities.

(To be completed by the Utilities Division Staff)

Meter Size: _____ **Check #:** _____ **Meter #:** _____ **BFP Device #:** _____

Date Meter Set: _____ **On & Set Read:** _____

Date Meter Returned: _____ **Off & Out Read:** _____

Signature of Tester: _____

Department Head Signature: _____

Revised 8/10/22