



City of Statesboro  
Water & Sewer Department  
58 East Main Street, Suite B  
Statesboro GA, 30458  
(912) 764-0693

**HYDRANT METER/TEMPORARY WATER  
APPLICATION**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Service Address:</b>  _____  _____  _____  Inside city limits <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Billing Address:</b>  _____  _____  City _____ State _____ ZIP _____
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Site Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>TOTAL DUE:</b>	<b>\$1,500.00 SECURITY DEPOSIT (refundable) \$70.00 ONE-TIME SERVICE FEE</b>
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Actual water usage will be charged and billed  
using the applicable water rate schedule as  
determined by the Water/Sewer Superintendent.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

**METER INFORMATION:**

DATE INSTALLED/PICKED UP \_\_\_\_\_  
  
BEGIN READING \_\_\_\_\_ END READING \_\_\_\_\_  
  
METER NUMBER \_\_\_\_\_ SIZE \_\_\_\_\_

**PAYMENT:**

DATE \_\_\_\_\_  
  
METHOD \_\_\_\_ C/C \_\_\_\_ CHECK # \_\_\_\_  
  
RECEIVED BY \_\_\_\_\_