



APPLICATION FOR FIRE HYDRANT METER

CITY OF FERRIS
114 S Central St
Ferris, TX 75125

PHONE: (972) 544-2110
ubsupport@ferristexas.gov
www.ferristexas.gov

APPLICANTS SHALL PLACE A \$1500.00 METER DEPOSIT WITH THE CITY OF FERRIS WATER DEPARTMENT FOR EACH FIRE-HYDRANT METER USED. (6 MONTH INCREMENTS)

NAME OF COMPANY _____

PERSON RESPONSIBLE FOR PAYMENT OF BILLS _____

MAILING ADDRESS _____
STREET CITY/STATE ZIP CODE

PHONE: _____
HOME PHONE BUSINESS PHONE CELL PHONE

E-MAIL: _____

OWNER'S NAME _____
NAME ADDRESS PHONE NUMBER

ID INFORMATION: _____
DRIVER'S LICENSE NUMBER STATE SOCIAL SECURITY NUMBER/TAX ID

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. LOCATION WHERE THE METER
WILL BE USED ON FIRE HYDRANT _____

2. WATER TAKEN WILL BE USED
FOR THE FOLLOWING PURPOSES _____

THIS APPLICATION AND ANY SERVICE PROVIDED BY THE CITY OF FERRIS IS SUBJECT TO ALL TERMS AND PROVISIONS OF ALL APPLICABLE CITY ORDINANCES, RULES, AND REGULATIONS, INCLUDING BUT NOT LIMITED TO CITY ORDINANCES AND ALL OTHER APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, CODES, RULES, AND REGULATIONS. THE UNDERSIGNED APPLICANT ACKNOWLEDGES THAT THE OPPORTUNITY WAS AFFORDED TO REVIEW AND ORDINANCES AND FURTHER UNDERSTANDS THE TERMS AND PROVISIONS THEREOF, INCLUDING BUT NOT LIMITED TO THE RIGHT OF THE CITY OF FERRIS TO DISCONTINUE OR DISCONNECT SUCH SERVICE WITHOUT NOTICE TO APPLICANT AND/OR THE PROPERTY TO WHICH SERVICE IS OR MAY BE SUPPLIED FOR FAILURE TO TIMELY PAY WATER UTILITY BILLS AND OTHER CIRCUMSTANCES OF EVENTS.

SIGNATURE _____ DATE _____

****COPY OF DRIVER'S LICENSE OR PICTURE ID REQUIRED FOR ALL NEW SERVICE ****

FOR OFFICE USE ONLY

DEPOSIT AMOUNT	\$1,500.00	+ APPLICATION FEE	\$	=TOTAL	\$
PAYMENT METHOD	CASH	CHECK #		CREDIT CARD	
ACCOUNT NUMBER		PROCESSED BY		DATE	
METER #		ID #		DATE WORK ORDER SUBMITTED	