

**Smackover Municipal Water Works**  
**Application for Temporary Fire Hydrant Meter**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business**

**Representative:** \_\_\_\_\_ **DL#:** \_\_\_\_\_

**Job For:** \_\_\_\_\_

**Location (Work Site):** \_\_\_\_\_

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**By signing below I understand and agree if this meter is damaged (upon return/not returned) there will be a fee of \$2,500.00 which the Business will be responsible for paying.**

\_\_\_\_\_

**Signature of Business Representative**

\_\_\_\_\_

**Date**

**Out Meter Reading:** \_\_\_\_\_

**In Meter Reading:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_