



**County of Henrico
Department of Public Utilities
Portable Meter Application**

Company Name:
Address:
City, State, Zip:
Billing Address:
Contact Person and Title:
Local Phone Number:
Drivers License Number:

Project Name:
Project Address:
Business License:
Building Permit:
Hydrant Location:
Intended Use of the Meter:
Dates Meter is required (not to exceed 180 days) Start: _____ Finish: _____

*For portable water meter fees and rates please see the attached **Portable Water Meter Procedures, General Conditions and Agreement.**

I hereby agree to abide by the rules, regulations and rates set forth by the Department of Public Utilities. It is the applicants responsibility to protect the purveyors water supply in accordance with the Virginia Department of Health, Water Works Regulations (12 VAC 5-590-590) and the County of Henrico Department of Public Utilities, Cross-Connection and Backflow Prevention program.

Applicant Name (Print): _____ Date _____

Applicant Signature: _____

OFFICE USE

WAREHOUSE USE

Form of Payment	Meter Number:
CASH _____ CHECK NO. _____ DEBIT CARD _____ CREDIT CARD _____	Date Issued:
Does the applicant have a copy of the Portable Meter Agreement?	Meter Size:
Does the applicant have a current Henrico County Water and Sewer Rate Card?	Beginning Meter Reading:
	Meter issued By:
	Does the applicant have a copy of the Portable Meter Agreement?
	Does the applicant have a current Henrico County Water and Sewer Rate Card?

***WAREHOUSE: PLEASE FAX TO 501-4545 AND INTEROFFICE A COPY OF THIS COMPLETED FORM TO THE UTILITIES ACCOUNTING SECTION ATTN: KRYSTAL ADEBAYO.**