

## **Charlotte County Utilities** P.O. Box 516000, Punta Gorda, FL 33951-6000 3100 Loveland Blvd, Port Charlotte, FL 33980 Phone: 941 764 4300 or 800 524 3494

## E-Mail address: ccusupport@CharlotteCountyFL.gov "To exceed expectations in the delivery of public services."

## **TEMPORARY HYDRANT METER**

## ASSEMBLY INSTALLATION

AGREEMENT

Please complete form to request a temporary Hydrant Meter assembly to be installed on a CCU hydrant at/near your site.

Name o	of Company			Contractor License	Number	
Compa	ny Mailing Address					
Compa	ny Phone Number Company	Fax #	Contact Person		Contact Phone	
Compa	ny Email		Contact Person's Email			
Intende	d use of Hydrant Meter - If for a County Project	- List Project Name and Project N	lumber			
Neares	t Address of where Hydrant Meter is to be instal	led ( <b>MUST</b> be serviced by CCU)			Date Meter needed by	
A secu is rece	rity deposit, based upon a 3" meter size, is ived.	s required for Temporary Hydr	rant Meter Assembly agreeme	nt authorization. Applications will	not be processed until deposit	
	Security Deposit Amount		Initial Connection	n Fee Amount		
Term	s of Agreement:		_			
1. 2. 3.	Contractor (applicant) must be licensed ir A temporary hydrant meter assembly will Application is not considered complete ur	not be issued to applicants wi			Il not be processed until applicat	
4.	contact Charlotte County Utilities (CCU) in advance at 764-4300 or 1-800-524-3494. Temporary hydrant meter assembly will be removed 180 days from the date of t					
5.	application, unless an extension has been Temporary hydrant meter assembly will b set the temporary hydrant meter assembl	e installed with 1-3 business of			e to supply issues, if we are not	
6.	Upon installation of temporary hydrant me An Initial Connection Fee will be	eter assembly:				
	A bill will be generated for the m		plus usage			
7.	<ul> <li>Contractor will be responsible for Upon removal of the meter and assembly</li> </ul>					
7.	Any monies due will be deducte					
	<ul> <li>Final bill will be for remaining comparison</li> </ul>	onsumption or reflect a credit s				
_	Credits, if applicable, will be refu					
8.	Temporary hydrant meter assembly is for		-	•	• • •	
9. 10.	Use only the hydrant specified by CCU. A Securing the temporary hydrant meter as control of the company requesting the me	sembly on the job site is the c	contractor's responsibility. The	temporary hydrant meter assem	bly will be in the care, custody a	
	Changing the temporary hydrant meter as					
12.	If temporary hydrant meter assembly nee CCUSupport@CharlotteCountyFL.gov, 9-				nce to	
13.	Temporary hydrant meter readings are to				Support@CharlotteCountyFL.gov	
	attached form (also available on the CCU must be complete. Read all digits from le	Web Site. https://www.charlo ft to right. Readings must be	ottecountyfl.gov/departments/u reported within the designated	tilities/about-utilities/forms.stml). I billing timeframe.	All information requested on the	
	Failure to report a reading within the billin					
	Failure to provide a reading for two conse agreement. The temporary hydrant meter assembly is			,		
10.	hydrant meter assembly upon demand wi applied to account.			-		
	Bills are due upon receipt, and if not paid terms of this agreement.		-		-	
	Any use of temporary hydrant meter asse considered a violation of the terms of this	agreement.	C C		·	
19.	Altering or adjusting the hydrant meter as					
20.	Florida State Statute 812.14, plus any cost for damaged, lost, or missing meter assembly to be applied to account and considered a violation of the terms of this agree. A violation of any of the terms of this agreement can result in the temporary hydrant meter assembly to be removed, additional fees applied, account inactivated, and further collection actions. Contractor will need to reapply for approval for a new temporary hydrant meter assembly. CCU reserves the right to refuse authorization for temporary hydrant meter assembly due to prior applicant history.					
By my	signature below I acknowledge that I have	, ,, ,	gree to abide by the terms stat	ed in this agreement.		
	-		-	-		
Printee	I Name	Signatu	re		Date	

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FOR OFFICE USE ONLY							
	CIP-Project Manager:						
Business Services							
Account Number:			Date:				
Deposit Amount/Paid:							
Cust. Service Rep:		CIP Cycle #:					
	Business Services Account Number:	CIP-Project Manager: <u>Business Services</u> Account Number: Deposit Amount/Paid:	CIP-Project Manager:				