CITY OF BEDFORD
Construction Meter Application

METER NUMBER | **ACCOUNT NUMBER** | **DATE**

Billing Name [PLEASE PRINT]

Applicant's Name

Mailing Address [Billing Address]

Applicant's Driver's License

City State Zip

(_____)_____
Business Telephone Number

Contractor's Name

Contractor's Address City State Zip

( ) ( )
Business Telephone Number Contractor's Cell Phone Contractor's E-mail

Desired Date for Commencement of Water Service: _____

SERVICE ADDRESS:

A copy of the City of Bedford Regulations and Ordinances Governing Utility Service shall be made available for review upon request.

I, the undersigned, acknowledge responsibility for the timely and complete payment of all utility charges arising from utility service supplied to the location identified in this application and agreement form.

Signature Date
