



EMAIL: CUSTOMERSERVICE@CI.CLOVERDALE.CA.US

FAX: 707-894-3451

HYDRANT METER SERVICE APPLICATION

DATE OF APPLICATION: _____ DATE OF INSTALLATION REQUESTED: _____

LOCATION OF HYDRANT: _____

Job Site Address: _____

Contractor's Name: _____

Billing

Address _____

City/State/Zip: _____

Authorized User(s) on Account: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

City of Cloverdale Business License Number: _____

I understand all fees are subject to change based on City Council Resolution and I am responsible for all charges accrued on the account. I acknowledge that I have received the form titled "City of Cloverdale Utility Department Important Water and Sewer Service Information" which outlines my responsibilities and billing and payment procedures; and I fully understand the terms and responsibilities of having a water/sewer account with the City of Cloverdale.

X _____
Signature of Applicant/Account Holder

Date Signed

FULL PAYMENT REQUIRED
(Checks made payable to the City of Cloverdale)

☐ \$75.00 non-refundable start service fee

☐ \$1,000.00 Deposit

TOTAL DUE/PAID: _____