



**CITY OF GREEN COVE SPRINGS
FIRE HYDRANT WATER METER APPLICATION**

Name of Applicant: _____

Owner: _____

Contact Phone #: _____

Contact Email Address: _____

Parcel# or Location for Meter: _____

Mailing Address: _____

Reason for Meter: _____

Applicant's Signature(s)

Date

***A Refundable Deposit of \$750 will be returned when the meter is returned to Public Works. Please call 904-297-7500, ext. 2213 for meter pick up and return.**

For office use only:

Location Code/s: _____

Meter #: _____

Work Order for Installation/pick-up: _____ Date: _____