



Tyngsborough Water District

87 Progress Ave., Unit #2

P O Box 305

Tyngsborough, MA 01879

978-649-4577, FAX 978-649-4453

Application for Temporary Water Service from a Hydrant

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ FAX# _____

Location of hydrant: _____

Purpose of use: _____

Projected gallons to use: _____ or GPM _____

Date requested: _____ Date for completion: _____

Installation and removal of meter: **\$150.00**

Water use: **\$42.50 minimum – plus water usage** (billed according to the District's water rates).

Meter # _____ Start Read: _____ Date: _____

Final Read: _____ Date: _____

Amount Paid: _____ Balance Due: _____

The undersigned assumes responsibility for all water used and any damage to or theft of the meter and associated equipment:

Name: _____ Date: _____