



**Village of Menomonee Falls
Utilities Department**

W156 N8480 Pilgrim Road
Menomonee Falls, WI 53051-3140
Telephone: (262) 532-4800
Email: utilities@menomonee-falls.org

UTILITY DEPARTMENT
HYDRANT PERMIT

Date: _____

Contractor's Information

Name: _____

Phone: _____

Address: _____

Address

Email: _____

City

State

Zip

Meter Set Location

Address: _____

Menomonee Falls, WI 53051

Date to be set: _____

Hydrant Wrench: _____

Hydrant Connection: _____

Signature: _____

Billing Address

Check here if bill address is same as above

Name: _____

Phone: _____

Address: _____

Address

Email: _____

City

State

Zip

ALL METERS will be pulled out of service on **October 31st**.

The Contractor is responsible for all costs involved with lost, damaged, or misplaced meters.

Department's Notes

Meter Size: _____ Meter No.: _____

Out Reading: _____ Returned Read: _____

Date Returned: _____

Comments: _____

WATER BILLING

Service Period: _____ to _____

Gallons Used: _____ gal.

Amount: \$ _____

Total Amount: \$ _____

Refund Deposit (\$45.00): _____

Pending

Yes, Date Deposit Refunded: _____

No, Reason: _____

PAYMENT

Date Paid: _____

Amount Paid: \$ _____

Received by: _____