



CITY OF CHELSEA
DEPARTMENT OF PUBLIC WORKS
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JOSEPH FOTI
DIRECTOR

HYDRANT METER APPLICATION

PRINT NAME			READING RECORD
RECEIVING SIGNATURE:			DATE / READ
COMPANY NAME:			
COMPANY PHONE:			
COMPANY ADDRESS:			
WORK SITE PHONE:			
METER LOCATION:			
DEPOSIT AMOUNT:			
CHECK NUMBER :			
DATE RECEIVED CHECK:			
METER NUMBER:			
METER SIZE:			
METER OUT READING:		DATE: / /	
IN READING:		DATE: / /	
USAGE:			
AMOUNT DUE:			
DPW AUTHORIZED SIGNATURE:			

NOTES