



Finance Department | Water Billing Division

44 E. Downer Place | Aurora, IL 60507

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Email: Water@aurora.il.us

HYDRANT METER RENTAL APPLICATION

BILLING INFORMATION

Company Name: _____ Phone: _____

Contact Name: _____ Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Fax: _____

Federal Identification Number (FEIN) or Social Security #: _____

Location meter to be used at: _____

To be filled out by Water Billing Division only:

Date: _____ Cust ID: _____ Location ID: _____ Seq: _____

Deposit Amount: _____ Check No: _____

Received By: _____

HYDRANT METER INFORMATION

Date Issued: _____

Meter Size: _____ Serial Number: _____ Reading: _____

Hydrant Wrench: YES NO

Issued By: _____

Meter picked up by: _____

Signature