

PORTABLE FIRE HYDRANT METER PERMIT APPLICATION

PERMISSION IS GRANTED TO:		
Company Name:		
Federal Id#:	JEA Account Numl	ber:
Company Corporate Address:		
All Usage Location(s):		
If part of a project, provide the Sag	ges Service Availability Number:	
the meter every six months - no exc		meter readings to JEA monthly and exchange attached Policy and Procedures will result in on of the meter.
Purpose:		
Meter Size: 2-inch meter	Anticipated Job Completion Date:	
Contact Person Regarding Billing	Inquiries:	
Business Phone #:	Cell Phone #:	Email:
Billing Address:		
City:	State:	Zip:
Remarks:		
	WRENCH NEEDED: YES □	NO □
FOR JEA USE ONLY PLEA	SE DO NOT WRITE BELOW THIS	S LINE FOR JEA USE ONLY
PREMISE ADDRESS:	FIRE HYDRANT METER WAY	7, JACKSONVILLE, FL 32202
PERMIT FEE: \$ 25.00 DEPOSIT FEE: \$ 1,500.00 (Paid	by Cash, Check or Money Order (Only)
Issued By: Date:	//_ Check Number	TOTAL \$