



City Of Manor  
Utility Billing Dept.  
105 E. Eggleston St.  
Manor, TX 78653  
Phone (512) 272-5555 Ext. 1  
Fax (512) 272-8636  
Email: questions@manortx.gov

**FIRE HYDRANT METER REQUEST FORM**

**Owner / Business:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_

**Exact Location of where temporary fire hydrant meter is to be installed:**  
\_\_\_\_\_

**Service Start Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**BILLING INFORMATION**

**Attention:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

- A Backflow Preventer must be provided by contractor. At the time of Fire Hydrant installation contractor must perform a backflow prevention test and complete " Backflow Prevention Assembly Test and Maintenance Report". Return original test form to questions@manortx.gov or City Hall.
- Deposit of \$500.00 and a processing fee of \$35.00 must be paid in full prior to installation of Fire Hydrant Meter. Deposit will not be refunded back if there is any damage to Fire Hydrant Meter while in use. Deposit will be applied to any final bill balance.
- Once a Fire Hydrant Meter is installed please be sure NOT to pull onto private property when filling up trucks. To move a Fire Hydrant Meter from one location to another location will be done by city employee ONLY.

**By signing you have read and understood the information on this form.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**City of Manor  
Fire Hydrant Request Form  
PWS ID #2270002**

**City of Manor  
Utility Dept.  
105 E. Eggleston St.  
Manor, TX 78653  
512-272-5555**

**Backflow Prevention Assembly Test and Maintenance Report**

Owner / Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Exact Location of Fire Hydrant Meter: \_\_\_\_\_

Reason the assembly is installed: \_\_\_\_\_

**THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY COMMISSION REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.**

RPZ Serial Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

Fire Hydrant Meter #: \_\_\_\_\_ Meter Reading: \_\_\_\_\_

INITIAL TEST	RPZ	RPZ	DIFFERENTIAL PRESSURE RELIEF
DATE:	#1 CHECK VALVE	#2 CHECK VALVE	VALVE OPENED AT
TIME:	_____PSID	<input type="checkbox"/> LEAKED	_____PSID
		<input type="checkbox"/> CLOSED TIGHT	
REPAIRS Yes or NO			
TEST AFTER REPAIRS	RPZ	RPZ	DIFFERENTIAL PRESSURE RELIEF
	#1 CHECK VALVE	#2 CHECK VALVE	VALVE OPENED AT
	_____PSID	<input type="checkbox"/> CLOSED TIGHT	_____PSID

**I CERTIFY ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT AS OF THE DATE OF THIS TEST.  
THE INSTALLED ASSEMBLY IS IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR LOCAL CODES.  
THE BACKFLOW TEST    PASS     OR    FAIL**

DATE GAUGE TESTED FOR ACCURACY: \_\_\_\_\_ GAUGE SERIAL #: \_\_\_\_\_

TESTER NAME: \_\_\_\_\_ TESTER LICENSE#: \_\_\_\_\_

TESTER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

**Return Original Report to the City of Manor Utility department at  
questions@manortx.gov**