



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**