P.G.	Application for City Services	CITY OF DALWORTHINGTON GARDENS		
GARDENS	Portable Meter	2600 Roosevelt TEL. 817-274-7368 FAX 817-265-4401 <u>www.cityofdwg.net</u>		
Date of Application:	Account # :			
Intended use of meter (c	onstruction site, well site, etc.): _			
Date Portable Meter Nee	eded:S	erial#:		
Location of use of portab	ble meter:			
Name:	Cell #:			
Company Name:				
Mailing Address:				
Cell # :	Work # :			
Email:				
Deposit On Portable Mete	er: \$1,500.00	Total Deposit: \$2000.00		
month will be charged a 10% If payments are not received	late penalty fee towards the amount of by the <u>25<sup>th</sup> of the month</u> , water service			
The undersigned applica	int understands and agrees to th	ne terms of thisagreement.		
Customer Signature		Date		
	For Office Use Only			

MODIUNICION

Clerk:	_Date:	_Receipt#:	Amount:
Entered by:	On:	Meter:	_Serial:

\*\* If you mail or fax this form, it is your responsibility to verify that we received it. \*\* Revised (2022)