

Eastern Pines Water Corporation

Hydrant Meter

Please complete application in full. (Please Print)

Hydrant Meter should be available for use within (2) days of paying \$100 service charge.

Name: _____

Hydrant Meter Location: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

Date of Birth: ____ / ____ / ____ SSN: ____ - ____ - ____

Effective Date: _____ Tax ID: _____

Signature: _____ Date: _____

Print: _____

**Mail Completed Application and \$100 Payment to:
(Contact office prior to mailing to ensure a meter is available.)**

**Attn: Hydrant Meter
Eastern Pines Water Corporation
5442 Eastern Pines Road
Greenville, N.C. 27858**

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*~ For office use only ~*

Install Date: \_\_\_\_\_ Received/Completed By: \_\_\_\_\_  
Reading: \_\_\_\_\_ Work Order Number: \_\_\_\_\_  
Removal Date: \_\_\_\_\_  
Out Reading: \_\_\_\_\_

*“EPWC is an equal opportunity provider and employer.”*