



**CITY OF NEWPORT  
DEPARTMENT OF UTILITIES  
WATER DIVISION  
70 HALSEY STREET  
NEWPORT, RI 02840**

**Phone: 401-845-5600 Fax: 401-846-0947**



**Temporary Water Service**

**1-888-Dig Safe  
[www.digsafe.com](http://www.digsafe.com)**

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

Meter Location: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Service:  Residential  Commercial  Irrigation  Other: \_\_\_\_\_  
(Construction) (Construction)

Meter Location Site Plan: \_\_\_\_\_  Attached

Estimated rental dates From: \_\_\_\_\_ To: \_\_\_\_\_

Deposit \$1,000.00 (Required) \_\_\_\_\_  
Received by

The following charges will be withheld from deposit upon return of temporary meter.

- Temporary Meter Rental Charge - \$10/day
- Labor Charge – Cost plus 75%
- Minimum Charge \$60.00

I the undersigned agree to have the Newport Water Division install the rented Hydrant meter. Should the meter location need to be changed, I agree to notify the Water Division to have the meter moved. Under no circumstances will I (we) move the location of the meter, nor attach or remove the meter from any hydrant. In the event the above provision is not followed, I (we) agree to pay for any damages incurred as a result. In addition, we understand the Water Division will require the payment of the monthly billing for water usage at current rates.

Signature Required: \_\_\_\_\_ Printed Signature Required: \_\_\_\_\_  
(Owner) (Owner)

**DO NOT WRITE BELOW THIS LINE**

**Meter #** \_\_\_\_\_ **Hydrant ID** \_\_\_\_\_

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Contact
Meter Supervisor	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Contact
Deputy Director - Engineering	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Contact
Deputy Director - Finance	Date		