

**PUBLIC WATER SUPPLY DISTRICT #6  
OF CLAY COUNTY, MISSOURI  
816-628-3220  
1061 COUCHMAN DRIVE/PO BOX 227  
KEARNEY, MISSOURI 64060**

**Application for Hydrant Meter**

**Deposit: \$250.00**

**Date:**

Company Name: \_\_\_\_\_

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

Federal ID Number: \_\_\_\_\_

Missouri Tax Exempt Number: \_\_\_\_\_

*(If applicable, please submit copy of Tax Exempt Certificate along with application)*

Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Contact Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

**\*You must supply a certified RP backflow or an air gap on the receiving tank with a minimum of 12 inches from the opening of the tank and the discharge of the field pipe. Contractor is responsible for securing the device. Contractor is also responsible for loss or damage.**

Billing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_