



City of Tampa Water Department  
306 E. Jackson Street, 5E  
Tampa, FL 33602  
(813) 274-8121

## Portable Meter Application

Company Name:

Federal ID #:

Corporate Billing Address (if applicable):

Local Billing Address:

Office Contact:

Phone:

Email:

Field Contact:

Phone:

Email:

Purpose of Meter:

Meter for City of Tampa  
Project:  Yes  No

Estimated Time of Use:

Date Meter Required:

Location of Hydrant:

I have received a copy of the Tampa Water Department Portable Meter Guidelines and understand provisions therein.

Signature:

Date:

### Account Information

Deposit Amount: \$700

Installation Fee: \$60

Check Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Please return your completed application and check to 306 E. Jackson Street, 5E

Any inquiry regarding portable meters including relocations and pick ups, please contact us at:

**[PortableHydrantMeter@tampagov.net](mailto:PortableHydrantMeter@tampagov.net)**