

**IRRIGATION  
APPLICATION**



**SERVICE APPLICATION FOR IRRIGATION**

**Today's Date:** \_\_\_\_\_

**Applicant (Company):** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Direct Contact:** \_\_\_\_\_ **Applicant on Behalf of Company:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Office #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**EIN/Fed ID #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**TYPE OF SERVICE (Check all that apply)**

**Residential** \_\_\_\_\_  
**Commercial** \_\_\_\_\_

**Out Side Town** \_\_\_\_\_  
**Inside Town** \_\_\_\_\_

**New Tap** \_\_\_\_\_  
**Existing Tap** \_\_\_\_\_  
**Tap Size** \_\_\_\_\_

The Town of Lexington agrees to install an irrigation meter at the location that I have specified above. The meter will be installed by the Town of Lexington's Utilities Department. I understand that there will be a monthly minimum base fee charged to my account each month whether or not the meter registers usage for consumption. I understand, at my expense, that I must hire a certified tester to install and test a testable backflow device and have the results of the report sent to the Town of Lexington's Utilities Department. The device must be tested annually and the results of the report submitted to the utilities department. Once the requested meter has been installed, a request for a refund will not be granted. Please contact the Utilities Department at 803-359-2434 for questions and explanations related to the installation of the irrigation meter. For billing questions, please contact the Finance Department at 803-951-4630.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

**\*\*\*BELOW FOR FINANCE DEPARTMENT USE ONLY\*\*\***

**Appl. Rec. By:** \_\_\_\_\_ **In Town:** \_\_\_\_\_ **Out Town:** \_\_\_\_\_ **Bus Lic #:** \_\_\_\_\_ **Date App Received:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Application submitted by:** \_\_\_\_\_ **App Process Date:** \_\_\_\_\_

**SO #s:** \_\_\_\_\_ **SO to Utilities:** \_\_\_\_\_ **Water CCF #:** NO **Process as an IRRI not a CCF** \_\_\_\_\_