DEPARTMENT OF PUBLIC WORKS WATER AND SEWER DIVISON

New Connection Service

INFORMATION REQUIRED FOR WATER METER LICENSE AGREEMENT COMMERICAL APPLICATION NUMBER _____

Per your request for inside water meter, a License Agreement (Inside Water Meter License Agreement) is required and it will be prepared by the City of Havre de Grace for the property owner to sign. Once the agreement is signed and returned to the City, it will be fully executed by the City of Havre de Grace.

This License Agreement is necessary for the appropriate City personnel to enter the premises where the equipment (water meters, back flow preventers, drain valves, etc.) are located, for the purpose of installing, reading, testing, and repairing or replacing water meters, back flow preventers, drain valves, etc. The License Agreement also provides the City with a twenty-four (24) hour, seven (7) days a week contact person for access to the areas where the equipment is located in case of a water pipe break or major leak etc. in cases where City personnel or first responders will need to shut-off the water supply and/or repair, maintain and test the equipment.

To prepare the License Agreement, the City must have certain information about the property. Please complete this form, supplying the required information, and return it with the property SDAT information sheet and a copy of the Deed for the property in order to establish proof of ownership. If the owner is a corporation (or tenant, where applicable), a limited liability company or a partnership of any kind, please furnish a copy of the SDAT information sheet for your business and a copy of your lease or Operating Agreement, or other appropriate documentation to establish that the business entity exists and to document that the person signing the License Agreement has the authority to execute a contract on behalf of the entity. Please forward all required documents to:

New Connection Services Department of Public Works 711 Pennington Avenue Havre de Grace, Maryland 21078

It is important that this information be submitted as soon as possible so the Inside Water Meter License Agreement can be prepared. Until the Agreement is completed and signed by the owner, the work done under your commercial application cannot be accepted.

If you have any questions concerning the Agreement, please contact me at 410-939-1800. Thank you.

Colleen Critzer New Connection Services

ALL APPLICABLE INFORMATION MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

| | Zip Code: | | | | | | |
|--------------------------------------|----------------------|-----------------|----------------------------|--|--|--|--|
| Harford County Property Account No.: | | | | | | | |
| Гах Мар: | Parcel: | | Lot # | | | | |
| Deed Reference: Liber _ | | folio | (please provide a copy | | | | |
| Plat Reference: Liber _ | | folio | (please provide a copy) | | | | |
| Emergency Contact Person | - for access to equi | pment, this inf | ormation must be provided. | | | | |
| Name: | | | | | | | |
| Title: | | | | | | | |
| Address: | | | | | | | |
| | | Zip Code: | | | | | |
| Daytime Phone # | | Evening Phone | e# | | | | |
| Property Owner: Name: | | | | | | | |
| Address: _ | | | | | | | |
| _ | | State | Zip Code | | | | |
| SDAT Account No: | | | | | | | |
| Authorized Person's Name: _ | | | (Print) | | | | |
| Authorized Person's Signature | e: | | | | | | |
| Title of Authorized Person: | | | | | | | |
| | Eve | . 54 " | | | | | |

| Tenant Name: | | | | | |
|--|-------------------------|-----------|----------|-----------|--|
| Address: | | | | | |
| | State | | Zip Coo | ode | |
| Emergency Contact Person: | | | | _ (Print) | |
| Daytime Phone # | Evening Phone # | | | | |
| If property is currently under a sales agr | eement inlease complete | the follo | wing in: | addition | |
| | _ | | _ | | |
| Name and Address of Purchaser: | | | | | |
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| Contact Person: | | | | (Print) | |
| | | | | | |
| Represents whom: Buyer/Seller: | | _ | | | |
| | | | | | |
| Daytime Phone # | Evening Phone # | | | | |
| | | | | | |
| Settlement Date: | | | | | |