

**DEPARTMENT OF PUBLIC WORKS**  
**WATER AND SEWER ADMINISTRATION**  
New Connection Service

INFORMATION REQUIRED FOR WATER METER LICENSE AGREEMENT

COMMERCIAL APPLICATION NUMBER \_\_\_\_\_

Since you are requesting an inside water meter, a License Agreement (Inside Water Meter License Agreement) is required and it will be prepared by the County for the property owner and tenant to sign. Once the agreement is signed and returned to the County it will be fully executed by Harford County.

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

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

New Connection Services  
Division of Water and Sewer  
212 South Bond Street, 2<sup>nd</sup> floor  
Bel Air, Maryland 21014

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 you Commercial Application cannot be accepted by the County.

If you have any questions concerning the Agreement, please contact me at 410-638-3300. Thank you

Patti Bankert  
New Connection Service

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

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Location of Commercial Water Meter: (Property to be served by the water meter) (Please Print)

Address of Property: \_\_\_\_\_  
\_\_\_\_\_, Maryland (zip) \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ Lot #: \_\_\_\_\_

Deed Reference for Property: Liber: \_\_\_\_\_ folio: \_\_\_\_\_

Plat Reference for Property: Liber: \_\_\_\_\_ folio: \_\_\_\_\_

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Property Owner's Information: (Please Print)

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

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ (zip) \_\_\_\_\_

Authorized Person's Name: \_\_\_\_\_

Authorized Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Owner's Emergency Contact Person: (Please Print)

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Tenant's Information: (Please Print)

Name of Business: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Authorized Person's Name: \_\_\_\_\_

Authorized Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Tenant's Emergency Contact Person Owner:

(Please Print)

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Evening phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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If property is currently under a sales agreement please complete the following, in addition. (Please Print)

Name and address of purchaser:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Represents: Buyer:\_\_\_ Seller:\_\_\_ Both:\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Settlement date: \_\_\_\_\_