



VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877
WWW.VIL-MANCHESTER.ORG

METER INSTALLATION REQUEST FORM

Date: _____

APPLICANT'S IDENTIFICATION:

Name: _____

Telephone: _____

Address: _____

Contractor's Name: _____

Telephone: _____

Address: _____

PROPERTY IDENTIFICATION:

Location Where Meter will be Installed:

Address: _____

Located: Between _____ and _____ (streets)

Primary Meter

Secondary Meter

For Office Use Only:

\$ 200.00 Meter (5/8")

\$ 230.00 Meter (3/4")

\$ 300.00 Meter (1")

Receipt#: _____

Date Paid: _____

Other Fees - Check List (See Water/Sewer Tap In Form 16 Zoning Compliance Appl. Form 30)

Zoning Fee: \$ 40.00

Date Paid: _____

Water Tap Fee: \$ 1,000.00

Date Paid: _____

Sewer Tap Fee: \$ 2,900.00

Date Paid: _____

Account Number Assigned: _____

Utility Account Number: _____

Meter Serial Number: _____

Sequence Number: _____

DPW Superintendent's Signature: _____

Date: _____