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 IDENFICIATION:

Location Where Meter will be Installed:

Address: _____

Located: Between _____ and _____ (streets)

[] Primary Meter [] Secondary Meter

For Office Use Only:

[] $ 187.00 Meter 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: _____

[] Recycling Fee: $ 176.00 (Thru Year 2011) Date Paid: _____

Account Number Assigned: _____

Utility Account Number: _____

Meter Serial Number: _____

Sequence Number: _____

DPW Superintendent's Signature: _____ Date: _____