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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

Signature: _____

Date: _____

For Office Use Only:

- \$ 275.00 Meter (3/4", 5/8") \$ 450.00 Meter (Mach 10 1) \$ 900.00 Meter (Mach 10 1 1/2")
 \$ 1075.00 Meter (Mach 10 2") Receipt#: _____ Date Paid: _____
 \$ _____ Coupling(s)

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 per REU Date Paid: _____

Sewer Tap Fee: \$ 2,900.00 per REU Date Paid: _____

Water Turn On Fee: \$ 50.00 (posted in UB) Date Paid: _____

Utility Account Number: _____

Assigned Account Number: _____

Meter ID (head): _____

Sequence Number: _____

Serial Number (body): _____

DPW Superintendent's Signature: _____

Date: _____