

METER INFORMATION REQUEST

Estimate Form

Non-Refundable \$40.00 Fee

Permit Number: _____ Date: _____
Address: _____
Addition: _____ Lot: _____ Block: _____
Customer: _____ Phone: _____
Contact: _____ Email: _____

Work Requested

Type of Meter please circle one: Domestic or Irrigation

Water Tap: _____ Sewer Tap: _____ Add Meter: _____ Relocate Meter: _____

Size: _____ Size: _____ Size: _____ Size: _____

Change Size of Meter: From: _____ To: _____

ATTACH COPY OF PLAN OR DRAWING WHEN APPLICABLE

Billing Information

Owner/Name: _____

Address: _____ State: _____ Zip: _____

Contact Name: _____ Cell: _____

Home: _____ Work: _____ E-mail: _____

Attention: _____ Cell: _____

Home: _____ Work: _____ E-mail: _____

Staff Use Only - Building Inspection Contact

Name: _____ Phone: _____ Date: _____