

Account Number: _____

Book/Sequence: _____

METER UPDATE

CUSTOMER REQUEST - TURN WATER ON: TURN WATER OFF:

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

E-SIGN _____ DATE: _____

PRINT NAME: _____ PHONE NUMBER: _____

For seasonal accounts, you are responsible to call at the end of the season to schedule an appointment to have the water turned off and meter removed. Someone needs to be on site for the appointment.

For Office Use Only

APPOINTMENT - DATE: _____ TIME: _____

OFFICE COMMENTS: _____

FIRE SUPPRESSION LINE ATTACHED: YES: NO:

METER ID#: _____ METER#: _____ METER SIZE: _____

REMOVED: INSTALLED: READING: _____

WATER OFF: WATER ON:

DATE/TIME - FROM: _____ TO: _____

FROM: _____ TO: _____

LABOR OVER 1 HR: _____

NON-PAYMENT: YES: NO:

SERVICE LEAK: YES: NO:

SERVICE TYPE: CU GALV PEX SIZE _____

INTERNAL PLUMBING: CU GALV PEX

WATER DEPT COMMENTS: _____

SIGNED BY WATER DEPT PERSONNEL: _____

BOARD OF HEALTH NOTIFIED – DATE: _____ TIME: _____