

### APPLICATION FOR WATER METER AND WATER SERVICE PERMIT

**Utility Billing Information:**

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Building Address \_\_\_\_\_ Unit # \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Sprinkler System (water only) DPW Permit # \_\_\_\_\_ Sewer Capacity Fee Paid? \_\_\_\_\_

| QTY                | Item         | Description | Unit Cost | Total    |
|--------------------|--------------|-------------|-----------|----------|
| <b>Meter Fees:</b> |              |             |           |          |
| _____              | 5/8" Meter   | .....       | \$ _____  | \$ _____ |
| _____              | 1" Meter     | .....       | \$ _____  | \$ _____ |
| _____              | 1-1/2" Meter | .....       | \$ _____  | \$ _____ |
| _____              | 2" Meter     | .....       | \$ _____  | \$ _____ |
| _____              | 3" Meter     | .....       | \$ _____  | \$ _____ |
| _____              | 4" Meter     | .....       | \$ _____  | \$ _____ |
| _____              | Other Meter  | .....       | \$ _____  | \$ _____ |
| _____              | Key Valve    | .....       | \$ _____  | \$ _____ |
| _____              | Meter Credit | .....       | \$ _____  | \$ _____ |

**Service Fees:**

\_\_\_\_\_ 1" Water Service Installation\* ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ 2" or Larger Water Service\*\* Time & Materials ..... Deposit \$ \_\_\_\_\_

\* Fee for service installation, between November 15 and April 15, will be based on time and materials, (if above minimum fee - an invoice will be issued).

\*\* Difference will be invoiced as applicable.

**Front Foot Connection Fee:**

\_\_\_\_\_ feet ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\*20% Handling fee for exchanged meters ..... \$ \_\_\_\_\_

**NET TOTAL DUE \$ \_\_\_\_\_**  
\* \_\_\_\_\_

**THIS PERMIT IS VALID FOR A PERIOD OF ONE (1) YEAR.  
NO REFUNDS AFTER ONE (1) YEAR.  
5/8" AND 1" WATER METERS WILL BE DELIVERED UPON 48 HOUR NOTICE.**

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Owner or Representative

Print Name: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City Representative

\_\_\_\_\_ (FOR OFFICE USE ONLY) \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_  
Rec'd of \_\_\_\_\_ Acct. # 591-000.000-601.000

**Time and Materials:**

Total Due \$ \_\_\_\_\_ Less Deposit \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
Date \_\_\_\_\_ Invoice No. \_\_\_\_\_ Refund Check No. \_\_\_\_\_

**DATE SERVICE INSTALLED \_\_\_\_\_ DATE METER REC'D \_\_\_\_\_**