



METER INSTALLATION INSPECTION REQUEST FORM

Water Service Information

Service Address: _____
Address City State Zip

Meter Number: _____

Applicant Information

Company Requesting Inspection: _____

Contact Person: _____

Phone: _____

Fax: _____

Mailing Address: _____
Address City State Zip

Acknowledgement and Signature

I understand that the water meter setting inspection will take place within five (5) working days prior to having the Certificate of Occupancy (CO) inspection. If the inspection fails, repairs will be made by the City and all cost will be charged to the water service account (per Ordinance 51.04F). All inspections will take place within one (1) working day of request. All information must be filled in.

Signature of Authorized Agent: _____ Date: _____

FOR DEPARTMENT USE ONLY

Date: _____

Repairs:

Inspector: _____

Status: [] Passed [] Failed

Comments:

Large empty rectangular box for comments.

Table with 3 columns: Material, Labor (Hours), Cost (\$). Multiple empty rows for data entry.

TOTAL REPAIR COST: _____