METER INSTALL FORM

		DATE:			
WA	TER BUDGET A	DMINISTRATIO	N OFFICE TRACKI	NG #	
C	USTOMER NAME:				
C	ONTACT PERSON:				_
v	VORK #:		OTHER PHONE #:		_
	IETER SIZE: ERVICE ADDRESS: _		MPORARY PE		
Z	IP CODE:	SUBDIVISION:		PHASE:	
		CIAL SINGLE-FAN		MULTI-FAMILY RES	# Units
OFFSET FEES R	IGHTS DEDICATED	RETROFIT CRE	DITS AFFORDAB		TER BUDGET:
required to complete an are not met. The water is not accepted, the cu requirements are met, a	n additional meter set for system must be accept stomer will be contact and paperwork is compl	orm when requirements ed by SDCW Engineering ed and the meter will b	are met. The \$100 admin g staff in the particular sub be set within 10 business t within 7 business days. I	istrative fee will be applied division in which service is days upon acceptance. If	not be set. Customer will be deach time the requirements requested. If the subdivision the subdivision is accepted, tions regarding the meter set
METER LID EXPOSE	D		ADDRESS CLEA (At meter can)		
HOSE BIB OR FROS	T FREE HYDRANT T				
			MARK THE ME		
PRESSURE REDUCII (Existing homes on	-		(If the can has	multiple services)	
	e at the time the work o	•		-	that if the requirements are to the customer's first utility
CUSTOMER SIGNAT			DATE		
					•••••
			DATE:		
			DATE:		_
				•••••	_
DATE ENTERED:		WORK ORDER	R #:		
				#:	
ADDRESS BOOK #: _					