



WATER METER REQUEST & INSPECTION FORM

Issued by: _____
Issue date: _____
Rec'd by: _____

METER SIZE: 3/4" 1" **OTHER:** _____ **BUILDING TYPE:** SFD Multi-family Commercial Mixed-Use

OWNER / PROPERTY NAME _____

SERVICE ADDRESS _____ LOT No. _____
Unit: 1 2 3 4 5 6 A B C D E F

EMAIL & BILLING ADDRESS _____

STREET/BOX NO. CITY STATE ZIP PHONE CONTACT

GENERAL CONTRACTOR CONTACT _____
NAME PHONE EMAIL

ACCOUNT #: _____ **PERMIT NUMBER:** _____

METER CUST I.D. _____ **INITIAL REGISTER READ (kgal):** _____

INSTALLATION INSPECTIONS

METER SIZE: 3/4" 1" OTHER: _____ **SERVICE LINE SIZE:** 3/4" 1" OTHER: _____ **SERVICE LINE MATERIAL:** K Galv DIP HDPE/Poly

METER TYPE: POS. DISP. COMPOUND TURBO OTHER: _____

METER POSITION: HORZ VERT IN-LINE SETTER OTHER: _____

METER LOCATION: (N S E W) Left / Right Side

SHUT-OFF VALVES: **UPSTREAM:** Y N BALL GATE **DOWNSTREAM:** Y N BALL GATE

PRV: Y N 3/4" 1" OTHER: _____ **BRAND/MODEL:** _____

BACKFLOW TESTABLE DEVICE: Y N 3/4" 1" OTHER: _____ **BRAND/MODEL/SN:** _____

FIRE SUPPRESSION SYSTEM: Y N **FIRE SUPPRESSION TANK:** Y N TYPE (Gal): _____

BACKFLOW TESTABLE DEVICE: Y N 3/4" 1" OTHER: _____ **BRAND/MODEL/SN:** _____

ROUGH INSPECTION: _____ **Date:** _____
TOWN REPRESENTATIVE

METER PHOTOS TAKEN: Y N **DATE PHOTOS SAVED:** _____

COMMENTS:

MXU MODEL: 510 510-R (TP) (Dual/Multi port) **LOCATION:** _____

MXU NUMBER: _____
PORT 1 CHANNEL: 1 2 3 4 5 6 7 8
PORT 2 CHANNEL: 1 2 3 4 5 6 7 8

WATER METER ASSEMBLY: PASS / FAIL

FINAL INSPECTION: _____ **Date:** _____
TOWN REPRESENTATIVE

COMMENTS: