

REQUEST FOR IRRIGATION METER SERVICE

Locate # _____
Locate called in by _____
Date _____
Marked on _____
Worked performed by _____

Date _____

Size of Service _____

Requested By (print name) _____

Account# _____

Service Address _____

Property Owner Name & Address _____

Daytime Phone _____ Evening Phone _____

Signature _____ Date _____

Application Fee _____

Inspection Fee _____

Irrigation Meter Installation Costs _____

Total Fees Owed _____

Amount Paid _____ Date _____

Allow 7 working days from completed request form for Town to review the request and to determine Irrigation Meter Installation Costs.

Meter Information
Meter # _____
Date Service Installed _____
Date Meter Installed/Activated _____
Reading _____

Backflow Information
Date installed _____ Date of Backflow Inspection _____
Passed _____ Failed _____