

METER SET REQUEST

DATE: _____

Tenant: _____

Service Address: _____

FIRE LINE: _____

Billing Name and Address if different from above:

Division 60:

Fire Line Size: _____ Unmetered: _____ Metered /Size: _____

Monthly Availability: _____ (if metered, billing based upon availability plus consumption)

ATC Paid _____ Date _____ Order No. _____

MASTER METERS

Billing Name and Address if different from above:

Division 10:

Fire flow meter size: _____ (1st dial) By-pass Meter size: _____ (2nd dial)

Number of units to be served _____

Monthly availability: _____ plus consumption

ATC Paid _____ Date _____ Order No. _____

SMALL METERS

Billing Name and Address if different from above:

Domestic or Irrigation Sets: _____

Tap fees paid? No ___ Yes ___ Order No. _____

Special Instructions: _____

