

CITY OF CHOWCHILLA CALIFORNIA



WATER METER APPLICATION

BILLING INFORMATION

COMPANY NAME: _____

BILLING ADDRESS	CITY	STATE	ZIP

BUSINESS PHONE	CELL PHONE	FAX	E-MAIL

EMERGENCY CONTACT	EMERGENCY CONTACT PHONE NUMBER

METER LOCATION

Purpose of Request	
Requested Location First Choice	
Requested Location Second Choice	

DISCLOSURES / APPLICANT SIGNATURE

I understand the following: It may take up to **72 hours** for application approval and meter to be placed on location site. Under no circumstances will my company or any subcontractors unhook or move the city's water meter. To relocate the city's water meter, contact the City for request. Myself and/or my company will be held responsible for all damages done to the meter during the project and additional fee charges will apply. Non-payment of bills will cause removal of the water meter by the City. The meter will not be returned until all fees owed to the City have been paid. I am working under permits and/or a business license in the City of Chowchilla. If my permit/business license is pulled for any violations, the meter will be removed at my expense. In order to remove the water meter a written request is required by me or my company. *I declare I have the authority to have a water meter installed and all fees (deposit & installation) must be paid in full, up front, before this process can begin.*

APPLICANT SIGNATURE	PRINT NAME	DATE

APPLICATION EVALUATION – FOR CITY USE ONLY

Public Works

APPROVED APPROVED with Special Conditions: _____

DENIED - Reason Permit was Denied: _____

Comments: _____