

**CITY OF ROSWELL
WATER METER APPLICATION**

00001

DATE OF APPLICATION: _____

DATE TO BE RETURNED (HYDRANT METERS): _____

SUBDIVISION NAME: _____

SERVICE ADDRESS: _____

BUILDER/COMPANY INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE OF APPLICANT

ACIS ACCOUNT NUMBER: _____ **SEQUENCE #** _____

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METER INFORMATION

SIZE	COST	SERVICE CODE	ID# (Furnished by PWD)	MODEL #
5/8"	_____	_____	_____	_____
1"	_____	_____	_____	_____
1 1/2"	_____	_____	_____	_____
2"	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

DATE INSTALLED: _____ **BY:** _____

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HYDRANT METER(DEPOSIT) \$ _____ **ID#** _____

READING: OUT _____

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IT IS THE CUSTOMER'S RESPONSIBILITY TO INSTALL OR HAVE INSTALLED THE WATER LINE FROM THE METER TO DESIGNATED SERVICE.

**BACKFLOW PREVENTION IS REQUIRED PER CITY ORDINANCE 20-56.
CALL 770-641-3715 FOR SPECIFICATIONS AND INSPECTIONS**

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WHITE COPY - CUSTOMER
(RECEIPT COPY)

YELLOW COPY - BILLING
(PENDING COPY)

PINK - P.W.D
(RETURN TO BILLING)

GREEN - ACCOUNTING
(DEPOSIT COPY)