



Engineering Department

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Water Meter Installation Form

NEW METER?

OR REPLACEMENT?

DATE

CREW

Address

Installation			Meter Information																																		
<table border="0"> <tr> <td><input type="checkbox"/> 5/8"</td> <td><input type="checkbox"/> 1/2"</td> <td><input type="checkbox"/> Copper</td> <td>Meter Type:</td> <td>Neptune R900i (cu.m)</td> </tr> <tr> <td><input type="checkbox"/> 5/8"x3/4"</td> <td><input type="checkbox"/> 5/8"</td> <td><input type="checkbox"/> Plastic</td> <td>Other:</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 3/4"</td> <td><input type="checkbox"/> 3/4"</td> <td><input type="checkbox"/> Galvanized</td> <td>Reading (if not 0):</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 1"</td> <td><input type="checkbox"/> 1"</td> <td><input type="checkbox"/> PVC</td> <td>Attach bar tags to this form</td> <td rowspan="3"><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 1 1/2"</td> <td><input type="checkbox"/> 1 1/2"</td> <td><input type="checkbox"/> Other</td> <td>(Ext ID) Meter Serial #:</td> </tr> <tr> <td><input type="checkbox"/> 2"</td> <td><input type="checkbox"/> 2"</td> <td></td> <td>(MXU) Register ID:</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 5/8"	<input type="checkbox"/> 1/2"	<input type="checkbox"/> Copper	Meter Type:	Neptune R900i (cu.m)	<input type="checkbox"/> 5/8"x3/4"	<input type="checkbox"/> 5/8"	<input type="checkbox"/> Plastic	Other:	<input type="text"/>	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 3/4"	<input type="checkbox"/> Galvanized	Reading (if not 0):	<input type="text"/>	<input type="checkbox"/> 1"	<input type="checkbox"/> 1"	<input type="checkbox"/> PVC	Attach bar tags to this form	<input type="text"/>	<input type="checkbox"/> 1 1/2"	<input type="checkbox"/> 1 1/2"	<input type="checkbox"/> Other	(Ext ID) Meter Serial #:	<input type="checkbox"/> 2"	<input type="checkbox"/> 2"		(MXU) Register ID:	<input type="checkbox"/> Other	<input type="checkbox"/> Other							
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<input type="checkbox"/> Other	<input type="checkbox"/> Other																																				

Old Meter Information	
Old Meter Serial #:	<input type="text"/>
Old Register ID:	<input type="text"/>
Final Read:	<input type="text"/>

Location and Comments

RETURN COMPLETED FORM TO ENGINEERING

Please Attach Meter tag and Register ID tag to this Form

FOR OFFICE USE

Please Initial

Engineering: _____

Finance: _____

Eng - SCAN & FILE: _____

FOLIO: _____

UB Account: _____