

RESET
FORM



6265 N. LA CANADA DR.
P.O. BOX 36870
TUCSON, AZ 85740-6870
(520) 575-8100
INFO@METROWATER.COM

WATER METER APPLICATION

Name on Account: _____ Date of Application: _____

Service Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Subdivision/Project: _____ Bldg./Lot No.: _____ Units: _____

Meter Type: _____ Meter Size: _____ Waste Connection Type: Sewer Septic

Location of Existing Service/Meter Box: Along Street/Right-of-Way Within Easement

If Along Street, Provide Street Name: _____ Same Street as Service Address

PRIVATE FIRE SERVICE ASSOCIATED WITH ACCOUNT (IF APPLICABLE):

Fire Riser Size: _____ Connection Type: _____ Bldg. Owner OR Bldg. Tenant

If Tenant, Provide Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

The applicant hereby acknowledges all the above information is accurate at the time of application, and assumes the
 responsibility for any additional costs or delay related to a meter box not installed per MDWID specifications.

OFFICE USE ONLY (FEES ARE BASED ON METER SIZE SELECTED)

METER FEE.....\$ _____

WATER RESOURCES FEE.....\$ _____

SYSTEM DEVELOPMENT FEE.....\$ _____

TOTAL.....\$ _____

CASH CREDIT (TOTAL REMITTED < \$5000.00) CHECK NO.: _____

PAYMENT DATE: _____ RECEIVED ENG.: _____

ACCOUNT NO. _____ RECEIVED ADMIN.: _____

COMPLETE ALL FILLABLE AREAS ON PDF AND SUBMIT TO MDWID OFFICE WITH PAYMENT