

## TEMPORARY METER REQUEST APPLICATION

APPLICATION PACKAGE:		DEPOSIT REQUIRED:	
<ol> <li>Application - Form A</li> <li>Owner Authorization - Form B         ✓ Must be signed by property owner</li> </ol>		<ul> <li>2" Temp Meter w/backflow</li> <li>Not for use with drop tanks</li> <li>4" Temp Meter \$1,986</li> <li>6" Temp Meter \$2,465</li> </ul>	v \$2,046
<ol> <li>Uses &amp; Procedures – Form C thru C2</li> <li>Temp Meter – Form C</li> <li>Temp Meter – Form C1</li> <li>Temp Meter – Form C2</li> </ol>		Project to provide backflow i     Project to provide backflow i	if required
	OWNER INFO	RMATION	
Company Name:			
Contact Name:		Contact E-Mail Address:	
Company Address:			
City:	State:	ZIP Code:	
Phone: Fax:		Cellular:	
*ALL REFU	(circle one) OWNER	APPLICANT  THE RESPONSIBLE BILLING PAR  JULIED AND BILLING ACCOUNT C	TY
Meter Purpose:		Meter Size:	
	APPLICANT INI	FORMATION	
Company Name:			
Contact Name:		Contact E-Mail Address:	
Company Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Cellular:	
	PROJECT INFO	ORMATION	
Project Name:		Project Number:	
Project Address:			Meter Rating Information
City:	State:	ZIP Code:	Size GPM
Assessor Parcel Number (APN):			2" 300-350 4" 800
If Irrigation Meter Please Provide The Following Information:			6" 1,600
Station #:		Irrigated SF:	
		BE HARD PLUMBED WITHOUT ERTIFIED BACKFLOW DEVICE	
Signature of Applicant:		Date:	