



New Meter Application

Permit # : _____

Receipt # : _____

Address: _____

Meter Size Needed: _____

Service Start Date: _____

Customer Billing Information

Account Holder Name

Billing Address

City, State, Zip

Phone Number

TIN/SSN

Driver's License Date of Birth

Contractor's Name (for meter pickup contact)

For Office Use Only

Account Number: _____

Meter Number : _____

Read Metric, circle one : HCF CF Gall

Completed by: _____