

# CITY OF CHOWCHILLA

## Finance Department

130 South Second St.  
Civic Center Plaza  
Chowchilla, CA 93610

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Fax #: (559) 665-2569  
Website: [www.ci.chowchilla.ca.us](http://www.ci.chowchilla.ca.us)

Date Of Request: \_\_\_\_\_

## WATER METER APPLICATION

Name of Person Completing Application (Please Print) \_\_\_\_\_

### BILLING INFORMATION

Account # \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #\_( ) \_\_\_\_\_

### REQUESTED LOCATION OF INSTALLATION & ACTUAL LOCATION OF METER

Requested Location: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Actual Location: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

### DISCLOSURES/APPLICANT SIGNATURE

I understand that it can take up to **72 hours** to get approval of a water meter and have it placed on site. I understand that my company and subcontractors must not move the water meter and that if the meter needs to be moved that there is an additional fee and the meter shall be moved by contacting the City of Chowchilla and that no employee, subcontract or other person shall tamper, move, or alter the water meter in anyway. I further understand that if any damage is done to the meter that myself and/or my company is responsible to pay for damages. I understand that non-payment of bills shall lead to the water meter being removed by the City of Chowchilla and shall not be returned until all said fees owed to the City of Chowchilla have been paid. I understand that I am working under permits and/or business license in the City of Chowchilla and that if said permit/business license is pulled for violations that the water meter shall be removed at my expense. I am stating by signing this that I have the authority to have the water meter installed. I understand that I am required to pay in advance the deposit fee and the installation fee. **I understand that in order to remove the meter it must be a written request made by me or my company.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Copy given to Customer

Faxed to Public Works by: \_\_\_\_\_

Date Faxed: \_\_\_\_\_

**WATER METER FEES (PROCESSED BY FINANCE)**

Deposit Amount: \$ _____	Installation Fee (Non-Refundable) \$ _____.
Date Paid: _____	Receipt # _____
Sent to Public Works by: _____ on ____/____/____	

**APPROVAL OF APPLICATION (PROCESSED BY PUBLIC WORKS)**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED with Special Conditions _____
<input type="checkbox"/> Denied	Reason Permit was Denied: _____
Public Works Approval: _____	

Entered in Caselle to include notes by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTALLATION OF METER**

Date Meter was Installed: _____	Installed by: _____
Meter Size: _____	Meter #: _____
<input type="checkbox"/> Reads in Gallons	<input type="checkbox"/> Reads in Cubic Feet
Beginning Meter Reading: _____	Date Read: _____

**MOVING METER**

Date Meter was Moved: _____	Moved By: _____
Location Meter was Moved To: _____	
Fee for Meter being Moved: \$ _____.	

**REMOVAL OF METER**

Date Meter was Removed: _____	Removed by: _____
Ending Meter Reading: _____	Date Read: _____

**FINAL BILLING (TO BE COMPLETED BY FINANCE)**

Beginning Meter Reading: _____			
Ending Meter Reading: _____			
Total Usage: _____	@ _____ Water Rate = _____		
Water Usage Fee: _____	<table border="1"> <tr> <td>Termination entered in Caselle by: _____</td> </tr> <tr> <td>Date: ____/____/____</td> </tr> </table>	Termination entered in Caselle by: _____	Date: ____/____/____
Termination entered in Caselle by: _____			
Date: ____/____/____			
Add Removal Fee: _____			
Add any moving Fees: _____			
Less Billings: _____			
Less Deposit: _____			
Total to be Refunded/Billed _____	<b>Copy of this is to be attached to the Requisition for refund.</b>		