



APPENDIX E Sub-Meter Application

1. Applicant Contact Information – Please Print
Applicant – Must be provided -owner with an active account (paid /current)

Name		Cell Phone No.	
Business Name (If Applicable)		Work Phone No.	
Street Address		Home Phone No.	
City / State		Email Address	
Postal Code			

Master Plumber – For Applicant

Name		Cell Phone No.	
Business Name (If Applicable)		Work Phone No.	
Street Address			
City / State		Email Address	
Postal Code			
License No.			

Applicant Account Information

Account No.	
Customer Name on Account	
Physical Address for Sub-Meter if different from Applicant Address	

2. Sub-Meter Requested Information
 Applicant information to be completed with consultation of public services staff

Town Employee Assisting Applicant:			
Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Government <input type="checkbox"/>
Tax Exempt Status – With Verification		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for the Sub-Meter:			
Sub-Meter Size Requested		Submeter Type (Check Box Below)	
Standard <input type="checkbox"/>	Compound <input type="checkbox"/>	Turbine <input type="checkbox"/>	Fire Line <input type="checkbox"/>
Non-Pit Meter <input type="checkbox"/>		Pit Meter <input type="checkbox"/>	

Deductive/Subtractive Sub-Meter (wastewater bill is reduced by usage that flows through this sub-meter)

3. Sub-meter Location Sketch

Applicant will provide a plumbing sketch showing location of primary water meter and location of proposed Sub-Meter. Sketch must show discharge location of water flow through sub-meter and sub-meter's approximate distance from road and house wall.	
Signature of Employee accepting sketch:	Date:

4. Applicant Certification

I certify that all the above information on this application is true and accurate and am aware of the penalties for the misuse of the sub-meter under provisions of the Town Code and this procedure.	
Applicant Signature:	Date:

5. Payment for Sub-Meter – See attached sub-meter costs

Person Taking Payment:		Date Paid:	
Amount and Method of Payment	Cash \$	Check \$	Credit \$

This Section to be completed by Public Works Department (if appointed).

6. Installation and Inspection

Date Public Services Notified Sub-Meter Ready for Inspection:		
By Whom?		
Installer Name (Master Plumber)		
Company		
Address, City, State, Postal Code		
Telephone No.		
Inspector Name		
Company		
Address, City, State, Postal Code		
Telephone No.		
Inspector Signature		
Date Sub-Meter Approved:	Date Sub-Meter Denied:	
Reason for Denial:		
Sub-Meter No.	ERT No.	Master Meter Reading: