

Application for Sewer-Deduct Meter

Date: _____

Owner's Name: _____

Service Information:

Account Number: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: (_____) _____

Owner's Information (If different than above):

Address: _____

City: _____ State: _____

Zip: _____ Phone: (_____) _____

I, the undersigned, have read and agree to the rules of Sewer-Deduct Meter as per section 1.14 D of the Village of Spencerville Water System Operating Rules. I have also received a copy of these rules.

Applicant's Signature

Date

Social Security Number: _____ - _____ - _____

SPENCERVILLE WATER DEPT. USE ONLY:

Approved by: _____

Village Administrator

Date

Deduct-Meter Information:

Purchase Date: _____

Cost: _____

Installation Date: _____

Inspection Date: _____

Deduct-Meter Account Number: _____

Meter Serial Number: _____

Meter Register Number: _____