



Meter Installation Form

Certificate No. _____

CUSTOMER ONLY FILL OUT HIGHLIGHT SECTIONS

Date:		Work Order:	
To:		Project:	
From:		Account #	
Demo Code:	Revenue Code:	No. of Units:	
A.P.N. No.	UNIT:	ZONE:	

Location: _____

Lots: _____

	Number of Meters	Size of Meters	Meter Number
Domestic	_____	_____	_____
Landscape	_____	_____	_____
Commercial	_____	_____	_____
Fire Service	_____	_____	_____

FOR OFFICE USE ONLY

Meter Manufacture _____

Back Flow Required

Residential Fire Requirements

Meter Install Only

Eng. Tech: _____

Inspected By: _____ Date: _____

Installed By: _____ Date: _____



Santa Clarita Water

A Division of Castaic Lake Water Agency

Name of Applicant:

Service Address:

Mailing Address:

Phone Number:

Alternate Number:

FOR OFFICE USE ONLY

Administration Application Status:

Hugo Damien Donald Travis Mona

Operations Installation Status:

Warehouse _____ initials CSR Initials _____

Applicant's Status:

Owner Tenant Agent

Purpose of Service:

Domestic Commercial Industrial Landscape

Book No.:

Route No.:

Comments:
