

SPRINGDALE WATER UTILITIES
REQUEST FOR POTABLE WATER METER

NAME OF REQUESTER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

METER LOCATION ADDRESS: _____

CITY: _____ CUSTOMER NAME: _____

SYSTEM DEMAND (gpm): _____ APPROXIMATE ACREAGE: _____

REQUESTED SIZE: _____ DATE SUBMITTED: _____

COMMENTS: _____

APPROVED: _____ DATE: _____

Springdale Water Utilities