

IRRIGATION METER REQUEST

Service Address: _____

Customer Name: _____ Telephone: _____

Driver's License: _____ State _____ Social Security No.: _____

Mailing Address (if different): _____

City/State/Zip: _____

Please note RPZ/Cross Connection valves are required for irrigation systems and are to be inspected annually, per State guidelines. Please contact our office if you have any questions regarding inspections.

I HEREBY AFFIRM THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I WILL ASSUME THE FULL RESPONSIBILITY OF ALL FINANCIAL OBLIGATIONS AT THE ABOVE SERVICE ADDRESS UNTIL I/WE HAVE NOTIFIED THE TOWN IN WRITING TO DISCONTINUE SERVICE. I HAVE RECEIVED A COPY OF THE TOWN OF TROUTMAN WATER/SEWER POLICY AND WILL ADHERE TO ALL RULES AND REGULATIONS STATED IN THIS POLICY. Before water service is turned on, applicants must make a deposit as set out in the Town of Troutman "Fee Schedule." When a customer has discontinued utility services with the Town, either involuntary or voluntary, the deposit shall be applied to the final bill. After 30 days, any remaining balance is due to the Town Hall, with proper notification; the balance remaining will be subject to the Debt Set-off program and may be garnished from future NC state income tax refunds.

Applicants Signature

Date

For Office Use Only

Route _____ Sequence _____

Date installed: _____

Account #: _____ Paid Date: _____

Inspected by: _____

Fee: \$ _____ Paid Via _____

Meter # _____

Work Order Date: _____

Date Added to Acct.: _____

Notes: _____
