

## Water Meter Application 555 S Main St Independence, OR 97351 \* Phone: 503-838-1212 \* Fax: 503-606-3282

New Installation	Relocation/Rem	Relocation/Removal Other		
Date Requested:		(Please allo	w at least ONE	WEEK in advance)
Name:	Phone #:	F	Permit Number	:
Residential	Commercial/Industrial_	Du	ıplex	Triplex
Property Address:				
Billing Address:				
Number of Meters:	Size of Meter: ¾"	1" 1½" 2" 3	6" 6" (Please c	ircle all that apply)
be charged the full base rate	eter and water usage. After the for water, sewer, storm ERL e City of Independence regularstruction, my services will be services turned back on.	J's and water usag	e. ng codes. I also ag	gree that if my bill is
Applicant's Signature			Dat	 :e
	FOR CITY HA	LL OFFICE USE		
Water Connection Fee: \$		Sewer Connection Fee: \$		
Date Paid:	Cash Check	Credit Card	Received By:	:
Account #:		Location #:		
FO	R PUBLIC WORKS DEPAR	RTMENT/ WOR	K ORDER USE	
Meter #:	Address:		Meter Siz	e:
	Address:			
Meter #:	Address:		Meter Size:	
ERU'S:	Meter Location:			
Comments:				
Meter Read:	Installed Rv		Date Inst	alled: