

**CITY OF ALAMOSA
APPLICATION FOR TEMPORARY WATER METER**

Applicant: _____ Date: _____

Company: _____ Phone: _____

Billing Address: _____

Purpose of Meter: _____

Size of Meter Requested: _____

Installation Date: _____ Anticipated Removal Date: _____

Location of Installation: _____

I agree to abide by the Temporary Water Meter Rules and Fee Schedule and acknowledge receipt of a copy of same.

Approval of Water Superintendent

Applicant Signature

OFFICE USE ONLY

Water Billing

Fees

Meter Reading at Removal _____

Installation \$ _____

Meter Reading at Installation _____

Deposit \$ _____

Water Used _____ gallons

Water Billing \$ _____

Billing at \$5.00/1,000 gallons \$ _____

Repair/Replacement \$ _____

Size of Meter Installed _____

Total Due to City \$ _____

Meter Serial Number _____

Total Due to Applicant \$ _____

Date Installed _____

Date Removed _____