



WATER METER APPLICATION

968 Hunt Highway
San Tan Valley AZ 85143
meterdept@johnsonutilities.com

1. BILLING INFORMATION

REQUESTED BY:	DATE:
NAME ON ACCOUNT:	BILLING STREET ADDRESS:
TELEPHONE:	BILLING CITY, STATE, ZIP CODE:
EMAIL ADDRESS:	

2. SERVICE ADDRESS INFORMATION

SERVICE STREET ADDRESS:	CITY:	ZIP CODE:	LOT NUMBER:
SUBDIVISION / PROJECT NAME:		ASSESSOR'S PARCEL NUMBER:	
FIELD CONTACT NAME:	FIELD TELEPHONE:	SEWER SERVICE PROVIDER:	
METER SIZE:	<input checked="" type="checkbox"/> <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> Other _____ Note: If a 1-inch meter or larger is requested for Residential Single Family, along with this application you MUST provide documentation that such meter size is required.		

3. PURPOSE OF SERVICE (Please check all that apply)

<input type="checkbox"/> Residential Single Family <input type="checkbox"/> Residential Multi-Family (2 units or more) # of Units _____ <input type="checkbox"/> Commercial (Type) _____ Types: Carwash, Automotive Service, Hospital, Laundromat, Medical office, Professional office, Restaurant, School, Other Commercial, provide NAICS code: _____ <input type="checkbox"/> Compound Meter <input type="checkbox"/> Hydrant Meter	<input type="checkbox"/> Irrigation Only <input type="checkbox"/> Fire Line _____ Size Inches <input type="checkbox"/> Sewer Service Line _____ Size Inches <input type="checkbox"/> Potable <input type="checkbox"/> Backflow Preventer
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NOTE TO APPLICANT: A meter will NOT be set if (1) this application is not complete, (2) all fees have not been paid, (3) project does not have final acceptance, or (4) the conditions in the acknowledgement below are not met.

4. APPLICANT ACKNOWLEDGEMENT

The undersigned certifies that (1) the lot and address is clearly posted, (2) the meter box and valves meet the required construction specifications, and (3) the meter box is set, level, free of debris and in good condition.

APPLICANT'S SIGNATURE:	APPLICANT'S PRINTED NAME:	DATE:
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FOR JOHNSON UTILITIES USE ONLY

GROUNDWATER REPLENISHMENT DISTRICT NUMBER:		
UNDER WARRANTY? YES NO		
WATER LXA #:	SEWER LXA #:	
PREMISE #:	CUSTOMER #:	ACCOUNT #:
ROUTE/STOP #:		