



CITY OF RIDGEFIELD

City Hall
230 Pioneer Street
Ridgefield, WA 98642
Tel: (360) 887-3557
Fax: (360) 887-0861
www.ci.ridgefield.wa.us

<i>OFFICE USE ONLY</i>	
ACCOUNT#:	_____
RECEIVED BY:	_____
DATE SUBMITTED:	_____

REQUEST FOR METER INSTALLATION

Please fax this request form to Attention: Utility Clerk (360) 887-0861

APPLICANT:

NAME: _____ COMPANY: _____
ADDRESS: _____
(CITY, STATE, ZIP) _____
CONTACT PHONE: _____ (CONTACT FOR METER INSTALLATION)

OWNERSHIP AND PROPERTY LOCATION:

OWNER NAME: _____ (FOR UTILITY BILLING PURPOSES)
MAILING ADDRESS: _____
(CITY, STATE, ZIP) _____
PHONE: _____

PROPERTY ADDRESS: _____
SUBDIVISION NAME: _____ LOT NO.: _____
ASSESSOR'S PARCEL NO.: _____ METER SIZE: _____

By signing below, I acknowledge that all requirements have been met for proper meter installation at the above referenced site address; and understand that the requested meter shall be installed approximately one to two weeks from submission date; and that all requests are processed according to date of receipt.

APPLICANT SIGNATURE: _____ DATE: _____