



Permit Fees: [Fee Schedule A-Z](#)

# Water Meter Termination Application

## EXISTING TYPE OF USE (SELECT ONE)

Residential Dual Purpose (Domestic & Fire)  
 Residential Domestic Only  
 Residential Fire Supply Only  
 If residential what is the dwelling square footage? \_\_\_\_\_  
 Commercial/Multi Family      No. of Units \_\_\_\_\_  
 Irrigation Water Only       Irrigation (Exempt)  
 Cooling Tower       Cooling Tower (Exempt)  
 Existing Utility Billing Account #: \_\_\_\_\_  
 Meter Number: \_\_\_\_\_  
 Register ID: \_\_\_\_\_

Office Use Only

PROJ: \_\_\_\_\_      DATE RCV'D: \_\_\_\_\_  
 WTR : \_\_\_\_\_      ACCEPTED BY: \_\_\_\_\_

## SITE LOCATION (ADDRESS)

Project Name: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Division #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Building #: \_\_\_\_\_  
 Tax Parcel Number: \_\_\_\_\_  
 COR Demo Permit #: \_\_\_\_\_

## WATER METER SIZE TO BE REMOVED (SELECT ONE)

5/8 x 3/4-inch     1-inch     1-1/2-inch     2-inch     4-inch     6-inch

## DESCRIBE REASON FOR TERMINATION:

Due To: \_\_\_\_\_

## OWNER NAME & MAILING ADDRESS:      OWNER BILLING ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS)

Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Permit Contact Name & Phone #: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## OWNER OR AUTHORIZED AGENT

*I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. I hereby agree to comply with all applicable city ordinances pertaining to the use of the city water system.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_