

ALCOSAN

ALLEGHENY COUNTY SANITARY AUTHORITY

APPLICATION FOR AUXILIARY METER SERVICE

This form is to be completed when making an application for approval of an auxiliary meter installation.

An Annual fee of \$110.00 will be charged for processing each metered account. This will be divided up into 4 quarterly billings. A visual inspection of the meter must be done. **NO THREADED VALVES WILL BE ALLOWED. A VISUAL READ-OUT REMOTE READING DEVICE MUST BE INSTALLED AND SYNCHRONIZED WITH THE AUXILIARY METER. THE REMOTE DEVICE MUST BE INSTALLED IN AN ACCESSIBLE LOCATION.**

CUSTOMER NAME: _____ Date of Application: _____

DAYTIME PHONE: _____

SERVICE ADDRESS: _____

MUNICIPALITY: _____

WATER AGENCY ACCT NO: _____

ALCOSAN ACCT NO: _____ METER INSTALLATION DATE: _____

METER MAKE & SERIAL # _____ READING: _____

REMOTE MAKE & SERIAL # _____ READING: _____

MAIN WATER METER MAKE & SERIAL# _____ READING: _____

LOCATION-AUXILIARY METER: _____

LOCATION-REMOTE DEVICE: _____

CHECK METER TYPE: DEBIT () CREDIT () SEWER ()
 CHECK TYPE OF SERVICE: RESIDENTIAL () COMMERCIAL () INDUSTRIAL ()

IF CREDIT METER, PURPOSE FOR;
 LAWN WATER () PRODUCT WATER () COOLING WATER ()
 PROCESS WATER () OTHER ()

DESCRIBE BELOW THE PURPOSE FOR INSTALLATION OF AUXILIARY METER (COMMERCIAL OR INDUSTRIAL CUSTOMERS SHOULD INDICATE HOW METER FITS INTO PRODUCTION PROCESS):

ATTACH A SKETCH OF PROPOSED METER INSTALLATION, SHOWING WHERE THE METER IS IN RELATION TO EXISTING PIPING.

SUBMITTED BY: _____
PRINT NAME SIGN NAME

OFFICE USE ONLY

AUXILIARY METER: _____ READING: _____

REMOTE DEVICE: _____ READING: _____

INSPECTED BY: _____ DATE: _____