

# Water Meter Request

PLEASE PRINT



4512 46 St, Olds, AB T4H 1R5  
Tel (403) 556-6981 Fax (403) 556-6537

**Meters will only be installed between the hours of 8.30 am and 3.30 pm, Monday to Friday. Requests for Meters must be received by the Town of Olds at least 24 hours prior to the desired installation date and time.**

## TO BE COMPLETED BY APPLICANT

Date requested for INSTALLATION	Preferred TIME
Municipal Address of PROPERTY	
Name of APPLICANT or OWNER	Tel
BILL to:	
Name of INSTALLER or PLUMBER	Tel

## APPROVAL – OFFICE USE ONLY

Date of Application _____	Fee \$ _____
Property Roll No. _____	<input type="checkbox"/> Paid Receipt No. _____
Development Permit No. _____	<input type="checkbox"/> Invoice Above Address
Approved: Utilities Administrator <input type="checkbox"/> yes <input type="checkbox"/> no _____ signature	EID / Customer ID No. _____
Development Officer <input type="checkbox"/> yes <input type="checkbox"/> no _____ signature	Meter No. _____
Utilities Foreman <input type="checkbox"/> yes <input type="checkbox"/> no _____ Signature	MXU No. _____
Comments:	Installation Date _____
	Start Read _____
	Meter Installed by _____
	Installer Signature _____