

WATER METER REQUEST



Town of Olds

4512 46 Street
 Olds AB T4H 1R5
 Main: 403.556.6981
 Fax: 403.556.6537

TO BE COMPLETED BY APPLICANT

PLEASE PRINT

Date requested for INSTALLATION	Preferred TIME
Municipal Address of PROPERTY	
Name of APPLICANT or OWNER	Tel
Bill to:	
	Meter Size
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. _____
Comments:	MXU No. _____
GPS Point	Installation Date _____
Latitude _____' _____" N	Start Read _____
Longitude - _____' _____" W	Meter Installed by: _____
	Installed by: _____

The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process your application. If you have questions with respect to the collection or release of this information, please contact the FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca