

METER RELOCATION REQUEST

OWNER'S NAME _____ PHONE/FAX _____

AGENT'S NAME _____ PHONE/FAX _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

ASSESSOR'S PARCEL NO _____ PARCEL SIZE (Acres) _____

REASON FOR RELOCATION _____

IS THIS PROPERTY SERVED BY AN ALTERNATE WATER SOURCE? Yes No

Private well Private Water Company Other

_____ Well location (APN) or Name of water company

I, owner/agent hereby certify that all of the information provided above is correct and authorize the relocation of the District meter to a location designated by me and approved by Montecito Water District. Owner/agent hereby acknowledges that the payment of fees and the completion of the meter relocation work by MWD shall end MWD's contractual obligation and responsibility in the performance of the owner/agent authorized work.

Owner/Agent's Signature _____ Date _____

(BELOW TO BE COMPLETED BY MWD STAFF)

REMARKS _____

COSTS

Connection Fee _____

Capital Fee _____

T & M Deposit _____

Other _____

BACKFLOW DEVICE REQUIRED? Yes No

TOTAL COST _____

METER SIZE _____ SERVICE SIZE/TYPE _____

ACCT NO _____ ATLAS MAP PAGE _____

Approved By _____

Date _____

MONTECITO WATER DISTRICT
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