

METER RELOCATION REQUEST

OWNER'S NAME	PH/CELL	
AGENT'S NAME	_PH/CELL	
SERVICE ADDRESS		
MAILING ADDRESS		
ASSESSOR'S PARCEL NO	PARCEL SIZE (Ac.)	
REASON FOR RELOCATION:		
IS THIS PROPERTY SERVED BY ANY OF THE FOLL	OWING ALTERNATE WATER SOURCES?	
☐ Private well ☐ Private Water Company ☐ Other	r Describe	
ACCOUNT # METER SIZE	(INCHES)	
EXISTING SERVICE LINE SIZE/MTL (INCHES)		
WHAT IS APPROX DISTANCE BETWEEN PROPOSED AND EXISTING LOCATIONS?FT		
WHAT IS APPROX ELEVATION DIFFERENCE BETWEEN OLD AND NEW LOCATIONS? FT		
FOR OFFICE USE ONLY		
Meter Size (inches) Service Line Size (inches)):	
Backflow Device Required (yes/no) Class _	Atlas Page Number	
Total Cost Due		
Comments:		



IN MAKING APPLICATION TO MONTECITO WATER DISTRICT FOR THE WATER METER RELOCATION DESCRIBED HEREIN, I AGREE AS FOLLOWS:

- 1. I am a legal owner of the property identified by the service address above or an authorized agent of the owner with authority to enter into a legally binding agreement on behalf of the property owner.
- 2. Owner agrees to pay any and all District fees and costs associated with this application.
- 3. Owner agrees to defend and indemnify the District and its officers, employees and agents, and will hold them harmless from any and all liability arising from the approval of this application.

. I certify that all the information provided in this application is true and correct to the best of my kno	
Owner Signature	Date
Print Name	

NOTICE FOR SUBMITTALS:

• Submit this application to **583 San Ysidro Rd**, **Santa Barbara CA 93108**, or email to engineering@montecitowater.com