APPLICATION FOR NEW WATER METER SERVICE

Name:				
Street or Road Address	÷			_
City or County:				
Nearest Intersection to	Site:			-
# of Miles Site is From	Intersection:	What Sid	le of Road Site is Located	:
Phone Number:				
Comments:				_
		FFICE USE O	<u>NLY</u>	_
Water Permit Number:		Sewer Appro	val:	
Bud Reference Number	r:	Date Connec	t Fee Paid:	_
Date Installed:				
I hereby acknowledge this regulation will re	•		nnected to a water meter	and that violation of
	ated. I also unders	tand and agree	my permission to install a to any additional costs in	
			Property Owner	Date
Kentucky Administration distribution systems. I meter installations.	•	•	R 8:020, prohibits cross-obe installing dual check	
system. As such, provi	sions may have to b	e made by the c	k valve results in a potent owner to provide for therm nsion devices and/or pres	nal expansion within
The SWSC will not be a	responsible for any o	damage occurred	d due to my failure to com	ply with this policy.
Property Owner	Date		Witness	Date

This form last revised 10/27/03