

TOWN OF ROUND HILL

METER REQUEST/CONNECTION FORM

Application Date: _____

Person Requesting Meter: _____

Property Address: _____

Lot #: _____

General Contractor: _____

Daytime Phone # _____

Present Owner _____

Day time Phone # _____

Contact person for final inspection and installation: _____

Daytime Phone # _____

Due Date for Meter (See Below Note): _____

******NOTE: Staff need 3 to 5 business days to install meter******

Town of Round Hill Office Use Only ----Each Person Please Initial

Water Sewer

____ ____ Availability Fee Paid

____ ____ Connection Fee Paid

____ ____ Approval

**UTILITY DEPT USE ONLY- After all Fees paid & approved, please forward to
Utility Billing Administrator for installation of meter**

Yes No
____ ____ Tap Inspected by and Approved _____ Date _____

____ ____ Meter Installation completed By _____ Date _____

Meter Number _____

Account Number _____