## TOWN OF ROUND HILL

## METER REQUEST/CONNECTION FORM

Applic	cation Date:
	onRequestingMeter:
Prope	rty Address:
Lot#:	
	al Contractor:
Daytim	ne Phone #:
Prese	nt Owner:
Daytir	me Phone #:
Conta	ct person for final inspection and installation:
Daytiı	me Phone #:
Due D	ate for Meter (See Below Note):
(Please	provide specific date for request to be processed in a timely manner)
	****NOTE: Staff needs up to 7 business days to install meter****
	(Holidays, weather, and staffing may affect the date)
	Town of Round Hill Office Use Only Each Person Please Initial
Water	Sewer
	Availability Fee Paid
	Connection Fee Paid
	Approval
	Y DEPT USE ONLY-After all Fees paid & approved, please forward to Utility Billing histrator for installation of meter
Yes	No Tap Inspected by and Approved: Date:
	Meter Installation completed By: Date:
	Meter Number:
	Account Number: