



SCOTTS VALLEY WATER DISTRICT
 2 Civic Center Drive, Scotts Valley, CA 95066
 (831) 438-2363 Fax (831) 438-6235

METER SIZE REDUCTION APPLICATION

ACCOUNT NUMBER _____ TAX LOT/ SO NUMBER _____

PROPERTY OWNER NAME _____

BILLING ADDRESS _____ CITY/STATE/ZIP _____

SERVICE ADDRESS _____ CITY/STATE/ZIP _____
 (If different than billing address)

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

METER & FEE INFORMATION (Office Use Only)

CURRENT METER SIZE & DEMAND:

SIZE _____ MAX METER CAPACITY GPM _____ FIXTURE COUNT UNITS _____ AVERAGE GPD _____ AVERAGE GPM _____

CONNECTION FEE \$ _____

METER SIZE REDUCTION APPROVED YES _____ NO _____

APPROVED METER SIZE REDUCTION:

SIZE _____ MAX METER CAPACITY GPM _____ CONNECTION FEE \$ _____ REFUND AMOUNT \$ _____

Owner Acknowledgment:

By reducing the size of the meter serving this premises, the owner forfeits the right to the system capacity provided by the larger sized meter. If in the future, it is determined that service demand at this premises exceeds the specified operating capacity of the reduced sized meter, the owner will be required to purchase an appropriately sized meter service that will accurately meet service demand as determined by the District. Pursuant to Scotts Valley Water District Administrative Code, Chapter 5.20

Owner Signature: _____

Date: _____

(Office Use Only)

METER / SERIAL# _____ METERTYPE _____ MXU# _____

FINAL READING OLD METER _____

START READ NEW METER _____

METER LOCATION _____

INSTALLED BY _____ DATE _____