

Water Meter Application

Property & Applicant Information

Property Address	APN
Property Address City, State, ZIP	Applicant Work Phone Number Email
Owner Name	Applicant Home Phone Number
Social Security Number or Federal Tax ID Number	Applicant Cell Phone Number
Party Responsible for Water Bill Payment	Contractor
Mailing Address	Site Contact/Phone Number
Mailing Address City, State, ZIP	Note: OMWD must be notified when there is a change of ownership.

For OMWD Use Only

Date: _____	Number of Meters: _____	A—EDUs, this application	<i>If A > B, attach Ordinance 266 worksheet</i>
Work Order #: _____	Meter Access Charge: _____	B—EDUs per AD 96-1	
Type of Service: D FM IRRIG	Fire Meter Access Charge: _____	Application Taken By: _____	
Meter Size:	Lot #s: _____	Delinquent AD 96-1 Levy \$ _____	
5/8" 3/4" 1" 1 1/2" 2" 2 1/2" 3" 4"	Pressure Zone: _____	Finance Approval: _____	
Fire Meter Size: 1" 1 1/2"	Zone of Benefit: _____	Backflow Questionnaire: <input type="checkbox"/> Completed <input type="checkbox"/> N/A	

Meter Installation Charge	# _____	x \$ _____	= \$ _____
Fire Meter Installation	# _____	x \$ _____	= \$ _____
OMWD Capacity Fee (Treated/Recycled)	# _____	x \$ _____	= \$ _____
Less Pre-Paid OMWD Capacity Fee	# _____	x \$ _____	= \$ _____
Subtotal, OMWD Capacity Fee			\$ _____
SDCWA Capacity Fee	# _____	x \$ _____	= \$ _____
Ordinance 280			\$ _____
TOTAL			\$ _____

I hereby agree to abide by the rules and regulations of Olivenhain Municipal Water District and I am in receipt of a copy of these rules and regulations. Installation of meters are scheduled according to OMWD's current workload.

Date: _____ Check #: _____ Signature: _____