

CONSTRUCTION METER
 RELOCATION **REMOVAL**
REQUEST

Date: _____

The undersigned applicant shall not relocate or disconnect a meter issued by Vallecitos Water District.

Mail, fax (760-744-3507), or bring this form to the District, completely filled out above the double line. **A map of location(s) is required for each relocation/removal request. A hand-drawn map is acceptable.** A separate form is required for each relocation/removal request.

Please refer to the "Schedule of Special Service Fees" for relocation charge.

The District will strive to meet this construction meter relocation or removal request within a 24-hour period.

COMPANY NAME: _____

PHONE NUMBER: _____

CURRENT LOCATION: _____

NEW LOCATION (if moved): _____

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

METER SERIAL NUMBER: _____
(LOCATED ON READ LID)

METER BODY NUMBER: _____
(2 OR 3 DIGIT # PAINTED ON METER)

ORDER TAKEN BY: _____

SYSTEM MAP NO.: _____

DATE MOVED: _____

MOVED BY: _____

REMARKS:

