

Coldwater Board of Public Utilities
Secondary Water Meter
(Sewer Exempt)

Date of Order _____ By: _____ Date Order Complete _____ By _____

Owner _____

Address _____

Phone # _____

Plumber/Contractor _____

Cost _____ Paid

Meter Size _____

of Valves _____

Backflow Preventor

BF/P Type _____

Sprinkler System

Temp Construction

Tapped off Domestic

Seperate Lateral

Bypass Installed

Desc of Meter Location _____

Before you Dig --- CALL MISS DIG ---1-800-482-7171

Sketch of Outdoor Meter Location _____

_____ **Please complete this form and return to Office** _____