

AP#:			
NO:			

## DEKALB COUNTY APPLICATION FOR WATER METER INSTALLATION

POST OFFICE BOX 1088 DECATUR, GEORGIA 30031 TELEPHONE: (770) 414-2382

	DATE:				
ZONE / BOOK / PAGE					
SERVICE ADDRESS:		STREET CONDITION:			
LOT# DIST	LL	BLK	PAR		
NAME OF SUBDIVISION: _					
CITY:		ZIP:			
NEAREST INTERSECTING ST	TREETS:				
		#	OF UNITS, OFFICES, STORIES, APTS. SERVED BY METER		
PURCHASER INFORMATION	V:				
NAME:					
OWNER:	CONTRACTOR:		PHONE:		
BILLING INFORMATION:					
NAME:			PHONE:		
ADDRESS:					
CITY:	ZIP				
Provide written location o Note: Upon receipt of your R		ake in your yard for cle	ar identification of meter placement.		
Preventer installed and tes	ted within 60 days of installat or more information visit our	ion. All Backflow Pre	are required to have a Backflow venters must be inspected annually ww.dekalbcountyga.gov/watershed		
CUSTOMER SIGNATURE:			DATE		