

City of Moline  
Request for Temporary Water Meter



Service Address: \_\_\_\_\_ Construction  Fixture Survey Received  Meter Size: \_\_\_\_\_

**BILL TO**

NAME: _____	AMOUNT DEPOSITED: _____
ADDRESS: _____	RECEIPT NUMBER: _____
_____	DATE OF DEPOSIT: _____
_____	DATE REQUIRED: _____
PHONE: _____	Appointment Contact: _____
	Appointment Contact Phone: _____

The undersigned Applicant acknowledges and agrees to pay the following charges for temporary water: \$50.00 meter setting & \$50.00 meter removal fee; \$2 per day meter fee, \$1 per day capacity fee, and the cost of metered water per current City Ordinance. . All applicable fees will be deducted from the Applicant's \$500 deposit and any remaining balance of the deposit will be refunded to the Applicant. The Applicant will be invoiced for the outstanding balance, should the total cost exceed the deposit. Failure to allow access for meter removal, or damage to meter while installed will result in added charges for the actual cost of the meter.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

**FIELD OFFICE USE:**

METER NUMBER: _____	AMR NUMBER: _____
READING AT REMOVAL: _____	DATE REMOVED: _____
READING AT INSTALLATION: _____	DATE INSTALLED: _____
WATER USED (GALLONS): _____ 0	\$ _____
NUMBER OF DAYS USED: _____ X \$3.00	_____ 0.00
METER SET FEE:	_____ 50.00
METER REMOVAL FEE:	_____ 50.00
TOTAL CHARGE:	\$ _____ 100.00
LESS TEMPORARY METER DEPOSIT:	_____ (\$500.00)
AMOUNT DUE/REFUND:	\$ _____ -400.00

**ACCOUNTS AND FINANCE USE:**

CUSTOMER NUMBER USED: \_\_\_\_\_ BILLED IN: **MR**  
**CODE W2 310-0000-343.33-75**  
 INVOICE # ASSIGNED: \_\_\_\_\_ INVOICE DATE: \_\_\_\_\_  
 INVOICING CLERK'S INITIALS AND PHONE EXT: \_\_\_\_\_