

**SPRINGDALE WATER UTILITIES**  
**REQUEST FOR SEASONAL METER**

NAME OF REQUESTER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

METER LOCATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CUSTOMER NAME: \_\_\_\_\_

SYSTEM DEMAND (gpm): \_\_\_\_\_ APPROXIMATE ACREAGE: \_\_\_\_\_

TYPE METER (IRRIGATION, SPRINKLER, ETC.): \_\_\_\_\_

REQUESTED SIZE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Springdale Water Utilities