

**CARROLLTON TOWNSHIP**  
**DEPARTMENT OF PUBLIC WORKS**  
**1645 MAPLERIDGE**  
**SAGINAW, MI 48604**  
**PHONE: 989-754-4611      FAX: 989-754-5705**

**REQUIRED METER INFORMATION**

PERMIT # \_\_\_\_\_

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

DATE INSTALLED: \_\_\_\_\_ REGULAR/AUXILLARY METER: \_\_\_\_\_

PROPERTY OWNERS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

READER NO: \_\_\_\_\_ METER SIZE: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

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

SIZE	3/4"	1"
METER BASE	\$ 75.43	\$ 238.12
TRANSMITTER	\$ 266.23	\$ 266.23
INSPECTION	\$ 25.00	\$ 25.00
PERMIT FEE	\$ 50.00	\$ 50.00
<b>TOTAL</b>	<b>\$ 416.66</b>	<b>\$ 579.35</b>

LARGER METERS MAY BE PURCHASED - CHECK WITH THE OFFICE FOR FEES

ALL AUXILLARY METERS REQUIRE HOSE BIBS/BACKFLOW PREVENTORS  
 IF CONNECTED TO AN OUTSIDE SPRINKLER SYSTEM - ALL WORK MUST BE DONE BY A  
 LICENSED PLUMBER

A DIAGRAM OF METERS AND VALVES MUST BE INCLUDED ON THE BACK OF THIS SHEET

\$50.00 TURN OFF AND ON FEE IS REQUIRED IF WATER MUST BE SHUT OFF BY DPW

MISC NOTE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_