



APPLICATION FOR METER OUT INSPECTION

Please Print

Date: _____

Address of Meter Out Inspection: _____

City _____ State _____ Zip _____

Municipality: _____ *Premise Number: _____

*Property Owner Name: _____

*Property Owner Mailing Address: _____

*Property Owner Phone Number: _____

*Applicant Name: _____

*Applicant Address: _____

*Applicant Phone Number: _____

*Applicant Signature: _____

For Office Use Only

Request Number: _____ Locator Number _____

Date: _____ Inspector Name _____ ID# _____

Result Approved
 Not Approved

Service Info
UG OH

Service Size _____
Phase _____
Wire _____

Comments _____

* Required to process the request.