

Charlie A. Dooley  
County Executive



Sheryl L. Hodges, D.E., P.E., L.P.G.  
Director

## Meter Out Request Form

Please Print

Date: \_\_\_\_\_

Address of Meter Out Inspection: \_\_\_\_\_

Municipality: \_\_\_\_\_ \*Premise Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Applicant Name: \_\_\_\_\_

\*Applicant Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Applicant Signature: \_\_\_\_\_

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### 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.