



The Corporation of the Township of Tiny

Water Meter Connection Request Form

Municipal street name where property is located:			Roll #: 4368-0000-	
Lot #:	Registered Plan:	Concession:	Type: <input type="checkbox"/> Residential Other (specify):	
Owner's Name (please print):		Mailing address of property owner(s):		
Owner's Name (please print):				
Signature of Owner:		Date:	Phone #:	
Signature of Owner:		Date:		
<i>This section for office use only:</i>				
Meter #:	Transmitter #:		Initial Register Read:	
Water System:	Signature:		Date:	
<i>Inspection</i>				
Meter Size: <input type="checkbox"/> 19 mm (3/4") <input type="checkbox"/> Other:		Service Line Size: <input type="checkbox"/> 19 mm (3/4") <input type="checkbox"/> Other(specify):		
Material Type: <input type="checkbox"/> Polyethylene <input type="checkbox"/> Copper <input type="checkbox"/> Other (specify):				
Shut Off Valves: Upstream: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ball Valve		Downstream: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ball Valve		
2 Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		150 mm min clearance on all sides <input type="checkbox"/> 300 to 900 mm clearance below <input type="checkbox"/> 900 mm clearance above meter <input type="checkbox"/>		
Inspector Name:	Signature:		Date:	
<i>After Inspection</i>				
Meter Account created <input type="checkbox"/>				
Customer Account created <input type="checkbox"/> Account#: _____				
Email to Treasury to remove flat rate billing <input type="checkbox"/>				
Notes:	Signature		Date:	