



**CITY OF VENICE
WATER METER TEST REQUEST**



**** ONCE REQUEST FORM IS COMPLETE, THE METER WILL BE PULLED AND METER TEST PERFORMED. NOTIFICATION WILL BE SENT WITH VERIFICATION TEST OF RESULTS.**

PROPERTY ADDRESS:			
SUBDIVISION:			
OWNER:			
PHONE:		EMAIL:	
	TYPE OF STRUCTURE:		
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Unit	<input type="checkbox"/> Residential
REASON FOR METER TEST :	<input type="checkbox"/> High Consumption Complaint <input type="checkbox"/> Other		
METER TYPE:	<input type="checkbox"/> Water	<input type="checkbox"/> Reclaimed	<input type="checkbox"/> Irrigation

Signature of Owner / Contractor

Date

******* INTERNAL USE ONLY *******

METER NUMBER:		METER LOCATION:	
MIU NUMBER:		WORK ORDER NUMBER :	

A. TESTING FEE (applicable only if meter passes – if meter fails fee will be shows as a credit):			
	Fee:	Credit:	TOTAL
Water	\$35.00		
B. TEST RESULTS:			
Test Results	<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED	
Notification Sent			
TOTAL AMOUNT ASSESSED:			\$

Signature of Utilities Representative

Date

Fax form to Cashier's Office at 480-3031 or email to utilitiesonline@venicefl.gov for processing