



**The City of Flin Flon
Water Meter Maintenance Application**

Date: _____ No.: _____

PART I (To be completed by Property Owner)

The undersigned hereby consents to the work described to be performed at the premises listed as:

Lot: _____ Block: _____ Plan: _____ Roll No.: _____

Civic Address: _____

I will require the following: Diameter: _____ Metric (cubic meters) **OR** Imperial (gallons) Water Meter
(please circle)

****REPLACEMENT OF METER HEAD ONLY _____**

No. of Digits: _____ No. of Meter Dials: _____

Make & Model: _____ Tails (x2): _____

Serial No.: _____ Remote: Y / N _____

Meter: _____ Qty. (Stock #: _____ Initials: _____ Date: _____) Adj'd out of Stk: _____ Y/N
Tails (2): _____ Qty. (Stock #: _____ Initials: _____ Date: _____) Adj'd Out of Stk: _____ Y/N
Remote: _____ Qty. (Stock #: _____ Initials: _____ Date: _____) Adj'd out of Stk: _____ Y/N

I understand and agree that the cost of all parts and labour are entirely my responsibility. The installation must be done by a LICENSED Plumber at MY expense. Upon completion of the work, I will have the Plumber attend City Hall (20 First Ave., Flin Flon, MB) to complete Part II.

OWNER NAME: _____
TELEPHONE NO.: _____
SIGNATURE OF OWNER: _____

BILLING ADDRESS: _____
CITY/PROVINCE: _____
POSTAL CODE: _____

BILL TO
Plumber: _____
Owner: _____

PART II (To be completed by Plumber)

In the case of a conversion from Flat Rate to Metered, the flat rate billing will continue until this form is fully completed and returned to City Hall.

Work Completed: _____ (Date)

Meter Location in Building: _____

Remote location on Building: _____

Bill labour to: _____ City of Flin Flon _____ Customer
(please check)

Plumber information

Installed by: _____
(name of Plumber - please print)

Phone No.: _____

Signature: _____

Bill to: _____

(when billing Plumber or Plumbing Company)

OFFICE USE ONLY:

Meter Serial No.: _____

Existing Account No.: _____

Meter Sheet: _____

New Account No.: _____

Processed by: _____ on date: _____

Notes: _____

Signature of Authorization

Form faxed to: _____ City Garage (204.687.4369) _____ (date) _____ (initials)
copy (property file) _____ copy (Accounts Receivable) _____