



WATER METER APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Permit # _____

Single-Family Residential

Multi-Family

Commercial

Job Site Address _____

Business or Project Name _____

CONTACT INFORMATION

<u>OWNER</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
Contact Name _____	
Ph _____ Fax _____	
E-mail _____	

<u>CONTRACTOR</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
State Lic. # _____	
City Lic. # _____	

City Installed _____

Developer Installed _____

APPLICATION IS HEREBY MADE TO OBTAIN THE FOLLOWING WATER METER:

Specify Type of Meter _____ Size of Meter _____

New Meter Installation At _____

Per MTMC 13.05.120-Bimonthly billing will commence at the time the water service meter & meter box are installed. Only upon demolition of the structure or upon declaration by the Building Official that the unit is uninhabitable will the bimonthly water service charge be discontinued. Sewer & storm water charges will start when water charges begin.

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Applicant _____ **Date** _____

Print Applicant _____ **Date** _____

OFFICE USE ONLY

Received By _____ Date _____ Meter Size _____

Permit Fee \$ _____

City Installed Fee \$ _____

Capital Improvement Fee \$ _____

Total Balance Due \$ _____

Receipt Number _____ Date _____