

SCHEDULE 'A'
TOWN OF REDCLIFF
APPLICATION TO TEST WATER METER

Date: _____
Receipt #

Fee: As established by Water Rates Bylaw

I/We being the owner or occupier of the property located at:

do hereby make application for the Town of Redcliff to complete an accuracy test of the water meter located at the above location.

Applicant (signature)

Refund Details:

INSPECTORS REPORT

Date: _____

Meter Serial Number:

Metric _____ Gallons

Details on Inspection Performed:

Reading Prior to Test: _____

Reading After Test:

Other Remarks:

Inspector (signature)

Director (signature)