

METER TEST AUTHORIZATION FORM

NAME: _____ ACCT# _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF REQUEST: _____

METER SERIAL NUMBER: _____

REASON FOR REQUEST: _____

Customer shall accept test results as reported by an independent third party. Test will be conducted in accordance with the Americana Water Works Association standards and methods. Customer agrees to pay \$100.00 for the test only if the results indicate that the meter is registering within or higher than the AWWA Standards.

Signature

AMERICAN WATER WORKS ASSOCIATION STANDARD

¼ gallons per minute flow – 97% to 103%

2 gallons per minute flow- 98.5% to 101.5%

10 gallons per minute flow – 98.5% - 101.5%