



Plant your family here.

215 North West Street
Perryville, MO 63775-1327
Phone: 573-547-2594

E-Mail: buildinginspectors@perryvillemo.gov

OFFICE USE ONLY

SUBMITTAL DATE _____

WORK ORDER # _____

INSPECTED DATE _____

INSPECTED BY _____

WATER METER REDUCTION PERMIT APPLICATION

The undersigned of the following described premises (herein called "Applicant"), located at

hereby applies permission to reduce the size of the current water meter.

APPLICANT: _____

ADDRESS: _____ **PHONE NUMBER:** _____

_____ **EMAIL ADDRESS:** _____

LOCATION OF WATER METER PIT: _____

_____ " **CURRENT WATER METER SIZE**

_____ " **REQUESTED WATER METER SIZE**

Verification may be required for commercial properties.

Verification provided by: _____

Address: _____

Phone number: _____

Verification letter must be attached to this application upon request. Fees associated with the approved meter change to be paid at City Hall within 30 days of installation. Fees will be charged at a Time plus material rate. Rates may vary.

SIGNATURE OF APPLICANT

APPLICATION DATE

