

Instructions:

1. Fill out this form.

2. Attach location map.

3. Submit form and location map to WaterMeteringSched@cityofloveland.org.

Questions: Call 970-962-3721 or email WaterMeteringSched@cityofloveland.org.

REQUESTOR INFORMATION			
Name:		Phone:	Date:
Title:		Email:	
CONTRACTOR INFORMATION		BILLING PARTY INFORMATION	
	ny name:	Company name:	
Conta	act name:	Contact name:	
Mailing	address:	Mailing address:	
City, S	State Zip:	City, State Zip:	
	Phone:	Phone:	
	Email:	Email:	
		Is this tax exempt?:	
	WATER METER LOCATION	OTHER INFORMATION	
Stre	eet name:	Water n	neter size:
Side	of street:	Is this part of a hy	drozone?:
Closest known	address:		
Nearest cross street:		A shorter time of processing the application will occur, if the following is provided:	
Subdivision name:		Planning & zonin	g number:
Is location map attached?:			
INTERNAL PROCESSING INSTRUCTIONS			
LOC ID: Service Address:			
Email completed form to Utility Billing (Valerie Beam and Veronicia Peif).			