SOUTHERN OKLAHOMA WATER CORPORATION METER APPLICATION

METER APPLICATION IS ONLY VALID FOR **6 MONTHS**

Applicant Information: (Please Print Clearly)			Date:	
Name:		Phone #: _		
Property Owner:	· · · · · · · · · · · · · · · · · · ·	Cell Phone#:		
Mailing Address:				
Meter Install 911 Address:				
V.A.S: Lat: Loi	ong:Submitted:		Approved/Denied Date:	
_egal Description: Se	ec: Twp:	Rng:	Qtr/Qtr:	
<u>Pre-Set Notes:</u> Membership Paid Date: _		Easement Needed:	Yes / No	Signed Date
Construction/Bores? Yes / No Description:				
Construction Cost Estimate:				
NOTES:				
Meter Set Details:			Tube	Tube
Main: Size: Depth	: Main	to Meter:	Length:	Size:
Meter #	ERT#			_Material:
Latitude:	Longitude	:		
SOWC Line Material:		Customer Material:		
Tracer Wire: Service Line	Main Line?	Yes / No	PSI:	
Completion Date:	By:			
Parts:				