



TOWN OF SENECA FALLS

Office of Water & Sewer

130 Ovid Street, Seneca Falls, New York 13148

315-568-6211

www.senecafalls.com

REQUEST FOR TESTING OF WATER METER

Today's Date: ____ / ____ / ____

To Whom It May Concern:

I request that the water meter for _____ be tested for accuracy after receiving notice of high water consumption. I realize that there is a few of \$25.00 for testing the meter if it is found to be reading accurately and that I will be re-installed after testing. If the meter is found to be defective, the old meter will be replaced with a new meter and a credit will be given for the previous high meter readings.

Property Owner's Name: _____

FOR OFFICE USE ONLY

Property Address: _____

Account Number: _____

Meter Number: _____

Date of Test: ____ / ____ / ____

Test Results: _____

Tester's Signature: _____