

**TOWN OF BYRDSTOWN  
WATER AND SEWER DEPARTMENT**

109 West Main Street / P.O. Box 325  
Byrdstown, TN. 38549  
PH: 931-864-6215 / Web: www.byrdstownwater.com

**Meter Relocation Request**

**BILLING INFORMATION**

**BILLING NAME:** \_\_\_\_\_ **Owner's Signature** \_\_\_\_\_  
(NAME WANTED ON BILL) (Please print)

**MAILING ADDRESS:** \_\_\_\_\_  
(WHERE BILLS SHOULD BE SENT) (STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_) \_\_\_\_\_

**SERVICE LOCATION INFORMATION**

**SERVICE ADDRESS (Include unit/apt. #):** \_\_\_\_\_  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**Account #** \_\_\_\_\_ **Account Name:** \_\_\_\_\_

**THIS SECTION FOR WATER DEPARTMENT USE ONLY:**

Minimum Meter Relocation fee required: \$200.00

Add'l Hr(s) Fee/\$100 per hour: Add'l Hrs worked \_\_\_\_\_ Total Fee Charged: \_\_\_\_\_

Date paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Old Meter serial #: \_\_\_\_\_

Cash \$ \_\_\_\_\_ Old Reading: \_\_\_\_\_

Check \$ \_\_\_\_\_ Check # \_\_\_\_\_ New Meter serial #: \_\_\_\_\_

Credit Card \_\_\_\_\_ New Reading: \_\_\_\_\_