

TOWN OF BYRDSTOWN WATER INSPECTION REQUEST

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

I, _____, understand the Town's policies regarding my
(Owner)
water inspection request. I am aware and agree that I can only have my meter on for no longer than a 24 hour period or I will be charged the Town's normal hook-up and billing fees. I further understand that it is my sole responsibility to inform the Town when the inspection has been completed so they may relock the meter and finalize this request.

RENTAL PROPERTY INFORMATION

Service Address (Include unit/apt. #): _____

(CITY)

(STATE)

(ZIP CODE)

Account # _____ Last known tenant: _____

THIS SECTION FOR WATER DEPARTMENT USE ONLY:

Reconnect fee required: \$35.00

Date of inspection: _____

Date paid: ____/____/____

Meter serial #: _____

Cash \$ _____

Reading: _____

Check \$ _____ Check # _____ Credit Card _____

Time Meter Unlocked: _____ (a.m. / p.m.)

Date Meter Re-locked: ____/____/____ Time Meter Re-locked: _____ (a.m. / p.m.)