



CITY OF BLUE RIDGE

BULK WATER METER AUTHORIZATION FORM

Today's Date: _____

Bill to: _____

Email: _____

Contact for Accounts Payable: _____

Phone: _____

Contact for Local Crew: _____

Phone: _____

\$1500.00 DEPOSIT (WILL BE APPLIED TO BALANCE DUE)

METER #: _____

Beginning Meter Reading: _____ Employee's Initials: _____

Ending Meter Reading: _____ Employee's Initials: _____

LOCATION OF BULK WATER METER: _____

USAGE WILL BE BILLED AS FOLLOWS:

\$50.00 FOR THE FIRST 2,000 GALLONS

\$8.50 FOR EACH ADDITIONAL 1,000 GALLONS