



**PAWTUCKET WATER SUPPLY BOARD**

**APPLICATION TO CHANGE METER SIZE**

85 Branch Street  
Pawtucket, RI 02860

Office: 401-729-5019  
401-729-5013  
401-729-5018  
Fax: 401-727-3423

**PLEASE COMPLETE SECTIONS A – B – C**

<b>SECTION A</b>	Applicant Name: _____ Property Address: _____ Property City, Zip Code: _____ Applicant Phone: _____ NOTES: _____	Owners Name: _____ Billing Address: _____ Billing City, Zip Code: _____ Owner Phone: _____
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<b>SECTION B</b>	<p style="text-align: center;"><b>Building Use</b></p> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Condo <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Medical <input type="checkbox"/> Public <input type="checkbox"/> # Units _____	<p style="text-align: center;"><b>Water Usage – Check all that Apply</b></p> Lawn Irrigation <input type="checkbox"/> Flush Valves <input type="checkbox"/> Process Water <input type="checkbox"/> Cooling System/Towers <input type="checkbox"/> Gallons Demand:      GPM _____ Meter size requested: _____
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<b>SECTION C</b>	<p style="text-align: center;">Please accept this application that it is our intention to change out the current meter size.</p> Print Name: _____      Date: _____ Signature: _____
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<b>Official Use Only</b>	Account Number _____ Existing Meter Number _____ Existing Meter Size: _____ BFPA PRESENT Yes <input type="checkbox"/> No <input type="checkbox"/> BFPA TO BE INSTALL: DCVA _____	<p style="text-align: center;"><b>Meter Size and Type – Check One</b></p> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> Coupling <input type="checkbox"/> Flanged <input type="checkbox"/> Screwed <input type="checkbox"/> 1 Set 5/8 Couplings w/Washers <input type="checkbox"/> 1 Set 3/4 Couplings w/Washers <input type="checkbox"/> 1 Set 1" Couplings w/Washers <input type="checkbox"/> 1 Set 1.5" Screw End Adaptors <input type="checkbox"/> 1 Set 1.5" Flange End w/Washers <input type="checkbox"/> 1 Set 2" Screw End Adaptors <input type="checkbox"/> 1 Set 2" Flange End w/Washers <input type="checkbox"/> 1 Set Nut & Bolt Set <input type="checkbox"/>	<p style="text-align: center;"><b>New Meter Number</b></p> _____ Meter Charge YES <input type="checkbox"/> NO <input type="checkbox"/> Meter Date Install: March 2008 Charged to Account <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Check # _____ PWSB Initial _____
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<b>ACCEPTED</b> <input type="checkbox"/>	<p>A 24-HOUR NOTICE IS REQUIRED FOR PICK UP.          ALL METERS MUST BE INSTALLED WITHIN 5 WORKING DAYS.          ALL FINIAL READINGS WILL BE VERIFIED BY A PWSB EMPLOYEE.          PLEASE CALL TO ARRANGING RETURN OF OLD METER AND TO WIRE, SEAL METER.</p>
<b>DENIED</b> <input type="checkbox"/>	