

SOUTHERN OKLAHOMA WATER CORPORATION
METER APPLICATION

METER APPLICATION IS ONLY VALID FOR **6 MONTHS**

<u>Applicant Information:</u> (Please Print Clearly)		Date: _____
Name: _____	Phone #: _____	
Property Owner: _____	Cell Phone#: _____	
Address: _____		

Property Description: _____

Approval for Meter _____ W.A.S. Submitted: _____
Approved / Denied Date: _____

Legal Description: Sec: ____ Twp: ____ Rng: ____ Qtr/Qtr: _____

Pre-Set Notes: Membership Paid Date: _____ Easement Needed: Yes / No _____ Completed Date _____

Construction/Bores? Yes / No Description: _____

Construction Cost Estimate: _____

NOTES: _____

Meter Set Details: Main: Size: _____ Depth: _____ Main to Meter: _____ OKIE Ticket#: _____

Tube Length & Size: _____

Meter # _____ ERT# _____

Latitude: _____ Longitude: _____ Route: A B C D E

Completion Date: _____ By: _____

Sewer Requirements: _____

Invoice: Date: _____ Invoice Amount: _____ Paid Date: _____