



**CITY OF ONEIDA**  
WATER DEPARTMENT

109 North Main St.  
Oneida NY 13421

Tel. 315-363-1490  
Fax 315-363-9558

OFFICE USE	
Acct. #	_____
Invoice #	_____
Bill Date	___/___/___
Bill Amount	_____

**REQUEST FOR ADDITIONAL METER(S)**

I hereby request permission to install an additional meter (or meters) at the following location:

ADDRESS: \_\_\_\_\_

CITY/TOWN/VILLAGE: \_\_\_\_\_

Name of person who will be performing the work:

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_

Existing Service: \_\_\_ 1/2" \_\_\_ 3/4" \_\_\_ 1" \_\_\_ Lead \_\_\_ Copper

Date Work Anticipated to be Completed: \_\_\_/\_\_\_/\_\_\_

**DIFFERENTIATION BETWEEN ACCOUNTS.**

EXISTING METER: \_\_\_\_\_ Account # \_\_\_\_\_

2<sup>nd</sup> NEW METER: \_\_\_\_\_ Account # \_\_\_\_\_

3<sup>rd</sup> NEW METER: \_\_\_\_\_ Account # \_\_\_\_\_

4<sup>th</sup> NEW METER: \_\_\_\_\_ Account # \_\_\_\_\_

Example Apt #1, #2, Upper, Lower, Unit A, House #, Front, Rear

I certify that I am the deeded owner of the above property and that I have received a copy of, and understand the rules and regulations pertaining to additional meters. I further understand that should any of the accounts go unpaid, that water service to the entire property will be discontinued until the entire bill is paid in full.

SIGNED: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**INCOMPLETE APPLICATIONS SHALL BE RETURNED**

SUPERINTENDENTS APPROVAL	
_____	Approved
_____	Disapproved
Reason: _____	
_____	
SIGNED: _____	DATE ___/___/___