



**CITY OF ONEIDA**  
WATER DEPARTMENT

109 N. Main St.  
Oneida NY 13421  
315-363-1490

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

**REQUEST FOR METER TESTING**

I hereby request the City of Oneida Water Department to test the meter at the following location:

ACCT. #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/TOWN/VILLAGE: \_\_\_\_\_

**Mailing Address Where The Results Are To Be Sent:**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_

I certify that I am the deeded owner of the above property.

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

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

Date Meter Removed & New Meter Installed \_\_\_/\_\_\_/\_\_\_

TEST METER S/N: \_\_\_\_\_ READING \_\_\_\_\_

NEW METER S/N: \_\_\_\_\_ READING \_\_\_\_\_

Date Meter Tested: \_\_\_/\_\_\_/\_\_\_

Meter Size: \_\_\_\_\_

	Flow Rate	Quantity	Test Quantity	%
Maximum				. %
Intermediate				. %
Minimum				. %

I certify that the information entered above is the result of an actual test conducted and the results are true and accurate to the best of my knowledge.

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