



Application for Water Meter

City of Madison Water Utility

119 East Olin Avenue ♦ Madison, WI 53713 ♦ 608-266-4646

www.madisonwater.org

Contact Information

Property Owner
(Applicant): _____

Property Owner's
Legal Address: _____
Street Address City State ZIP

Phone: _____ Email Address: _____

Plumbing Contractor: _____

Contractor Address: _____
Street Address City State ZIP

Onsite Contact Name: _____ Phone: _____ Email Address: _____

Property Information

Legal description of the property to be served:

Address: _____ Page #: _____ No. of units: _____

Parcel #: _____ Lot #: _____ Addition: _____

Property Description (check appropriate box):

☐ Apartments ☐ Commercial ☐ Government ☐ Industrial ☐ Municipal ☐ Residential
☐ Restaurant ☐ University ☐ Wholesale ☐ Apts Outside City ☐ Comm Outside City ☐ Res Outside City

Meter Information

Exact use of requested water meter (check all that apply):

☐ Cooling Water ☐ Domestic ☐ Irrigation ☐ Multipurpose ☐ Production ☐ Refrigeration ☐ Restaurant

☐ Other: _____ Water Supply Fixture Units/GPM (Numbers): _____ / _____
(WSFU's) (GPM)

Meter Size Requested*: _____ Lateral Size: _____ Application Type: ☐ Improvement ☐ Add Meter

*Madison Water Utility reserves the right to final approval on meter type and size.

Water Service Material: ☐ Ductile Iron ☐ Copper ☐ PEX/PVC
(Circle One) Building: ☐ Old ☐ New

Application must be submitted prior to construction and must include site utility plan or drawing if the requested meter is 1.5" or larger.

The undersigned Property Owner and the Plumber hereby make application to the City of Madison for water service and agree to comply with all applicable rules and regulations of the Public Service Commission of Wisconsin and Madison Water Utility. Unauthorized connections to the public water supply system may result in disconnection and/or citation according to Madison General Ordinance Chapter 13. Please allow 10 business days for processing and 3 business days' notice for meter installation.

Property Owner's Signature _____ Date _____ Master Plumber's Signature/Credential ID _____ Date _____

Office Use Only: Application # _____ Book # _____ Facility ID# _____ Approval Date/Initials _____ Amount Paid (Water/Sewer) _____ PIV # _____