



## Bethlehem Township Sanitary Sewer Department Deduction Meter Information and Agreement Form

### Applicant Complete This Section

**Applicant Name:** \_\_\_\_\_  
Last Middle First

**Mailing Address:** \_\_\_\_\_  
Street City Zip

**Property Location:** \_\_\_\_\_  
Street City Zip

**Phone:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_  
Last Name or Business Name MI First Name or Reg#

**Plan Identification Name:** \_\_\_\_\_ # \_\_\_\_\_

*The undersigned hereby agrees to follow the rules and regulation R-47-94 as adopted April 21, 1994, Ordinance 12-78, 13-78, and 0-1-94, as they may be amended from time to time. The owner agrees that water measured by this meter will not be returned to the sanitary Sewer system of Bethlehem Township. Any violation of said Resolution or Ordinance will subject The owner to full prosecution permitted under the law. Additionally, the applicant understands that The Municipality will take the necessary legal action to recover previous credits given the owner.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### MUNICIPAL USE ONLY

CHARGES	CUSTOMER INFORMATION	SERVICE TYPE
Insp Fee: _____	Account: _____	Residential: _____
Meter: _____	Book Route: _____	Commercial: _____
Meter Fee: _____	Meter ID #: _____	Institutional: _____
_____	Meter #: _____	Industrial: _____
Total: _____	Remote #: _____	Multi-Family: _____
	Cycle 1 2 3 4 5	
<b>INSPECTION REPORT</b>	Inspection 1 2 3 4 5 6 7 8 9 10	
Stationary Zeros: _____	Number of digits: _____	Meter Reading: _____
Meter make: _____	Model Type: _____	Reading/Insp Date: _____
V Remote#: _____	Meter Size: _____	Bleeder: _____
V Meter #: _____	Ball Valves: _____	Backflow: _____
V Meter ID #: _____	Setter Type: _____	Blow-Off: _____
Pool Use: _____	Branch Size: _____	Branch Visibility: _____
Sprinkler: _____	Sealed & Tagged: _____	Other: _____
Hose Bibs: _____	Inspection Type: _____	
Other Use Explain: _____		
Location of Remote: _____		
Inspector: _____		Date: _____