



M.D OF BIGHORN UTILITY SERVICES

WATER METER/MXU INSTALLATION/CHANGEOUT WORKORDER

Date & Time of Appointment: _____ Phone: _____

Street Address _____

Occupant: _____

Replace Meter _____ Install MXU _____

Install Meter _____ Run Wire _____

Meter Size: _____ Material: _____

Line Size: _____ ByPass Size: _____

PLACE METER

TAG HERE

Meter Sealed on arrival _____

New Meter Serial # _____

New Register ID # _____

New Meter Reading _____

Latitude _____

Longitude _____

MXU ID # _____

PLACE RADIO

TAG HERE

Staff Signature: _____

Customer Signature: _____

**** To Be Signed After Installation****

*****UTILITIES SERVICES REQUIRES 1 WEEK NOTICE TO INSTALL METERS*****