



**APPLICATION FOR METERED WATER SERVICE
CITY OF WILMINGTON
DEPARTMENT OF PUBLIC WORKS WATER DIVISION**

WD- MWSA

NAME _____ Contact Number _____
(Owner of Property)

Street Address for Meter _____

Parcel No. _____ Lot No. _____

City _____ State _____ Zip Code _____

IF WATER BILL IS TO BE MAILED TO NAME AND/OR ADDRESS OTHER THAN APPEARING ABOVE, APPLICANT MUST COMPLETE BILLING ADDRESS BELOW:

Billing Name _____ Contact Number _____

Billing Address _____ City _____ State _____ Zip Code _____

(check requested meter)

Size: 5/8" 3/4" 1" 1-1/2" 2" 3" 4" 6" 8"

DOMESTIC _____

FIRE DETECTOR CHECK _____

Meter Location: Cellar _____ Curb _____ Utility Closet _____ Pit _____
(check requested location)

Property Location: Inside City _____ Outside City _____

Property Type: Residential _____ Commercial _____ Industrial _____

THE APPLICANT AGREES TO CONFORM TO AND ABIDE BY ALL THE RULES AND REGULATIONS OF THE CITY OF WILMINGTON, DE GOVERNING THE DISTRIBUTION OF CITY WATER. ORDINANCES PERTAINING TO WATER SERVICE ARE ON FILE IN THE CITY CLERK'S OFFICE.

Applicant's Signature (for owner) OR Property Owner's Signature

Print Name Date

FOR OFFICE USE ONLY

APPLICATION DATE: _____ DATE PAID: _____ AMOUNT PAID: _____ CHECK # _____

ENGINEERING: NEW SERVICE EXISTING INSTALL NEW SERVICE/ SIZE _____
(CONTRACTOR _____ /CITY _____)

INSTALL DATE: _____ MS INSTALL: _____ CONTR INSTALL: _____

METER INFO: FACTORY NO.: _____ ERT NO.: _____ TA NO.: _____

BY PASS METER INFO: FACTORY NO.: _____ ERT NO.: _____ TA NO.: _____

COMMENTS: _____

APPROVED BY: _____ DATE: _____
DEPARTMENT OF PUBLIC WORKS WATER DIVISION

FAXED APPLICANT WD FILE ENGINEERING METER SHOP REVENUE SERVICED