

**Town of Auburn, Massachusetts  
Department of Public Works  
Sewer Division**

Julie A. Jacobson  
Town Manager

William A. Coyle  
Director



Jeffrey C. Mitchell  
Assistant DPW Director  
Sewer Superintendent

## RECORD OF INSTALLATION OF WATER METER

**Date:**

**Name:**

**Service Address:**

**Reason for Installation:**

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Serial Number on Meter: \_\_\_\_\_

Plumber's name: \_\_\_\_\_ License #: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Signature of Plumber: \_\_\_\_\_

Date of Inspection by Plumbing Inspector: \_\_\_\_\_

Plumbing Inspector's Signature: \_\_\_\_\_

(The Plumbing Inspector is Mr. Kevin Ouellette (508)754-7291)

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**To Be Completed by Property Owner:**

**I understand that I am purchasing this water meter for use on my private property and that the installation, maintenance and repair of this meter is my sole responsibility.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner**

Please return completed form to: D.P.W. – Sewer Division

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