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 WELL WATER METER

Date:

Owner's Name:

Service Address:

Reason for Installation: To meter well water usage

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 installing 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**

Telephone #_____ **Email address:**_____

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

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