



CITY OF TRACY WATER METER READING FORM

YOUR COMPANY NAME: _____

WHERE WATER IS BEING USED: _____

METER NUMBER: _____

METER READING: _____

DATE OF READING: _____

PERSON TAKING READING: _____

(SIGNATURE PLEASE)

This form is to be completed and submitted weekly whether you use water that week or not. Please take a meter reading on each Friday and **FAX** the result to the DS office at **(209) 831-4430**. If you have any questions, please call (209) 831-6478

Please keep in mind there is an **\$11.00 per day fee for each day** your permit is open and active whether you use water or not.

**Failure to provide requested information constitutes illegal use of City Water.
This will result in the City revoking your permit and further action will be taken.**

NOTE: A replacement fee of \$1100 will be charged for all meters that are lost or stolen

*****Please make copies of this form for your use*****