CITY OF HARRISONBURG
APPLICATION FOR METER TEST
2155 Beery Rd
Harrisonburg, VA 22801
540-434-9959
540-434-9769 fax
Waterservice@harrisonburgva.gov

**** FOR OFFICE USE ONLY****
CID#:_____
UTILITY ACCOUNT#:_____

PAID $_____CK# _____CASH

In accordance with Ordinance 7-4-1 of the City of Harrisonburg, any customer has the right to request that the meter through which water is being furnished be examined and tested for accuracy. Such consumer shall make an application in writing and with such application shall agree to a fee derived from the current meter testing contract. Such fee will be added to said customer's water bill prior to test. In the event such inspection reveals said meter was registering inaccurately, not functioning within standards set forth by the American Water Works Association (AWWA), said fee shall be waived and adjustment made for inaccurate reading.
In testing, meters may be removed from the line and replaced by a tested meter. If removed, the meter may be tested at the Public Utilities office, located on Beery Rd or shipped to a contracted third-party. Meters may also be tested and recalibrated in place without removal and replacement. All meters shall be removed, replaced, tested or calibrated during the regular hours of business unless the customer will pay the overtime and added expenses, whether the meter passes or fails the test.

Other than at customer's request, The City reserves the right to test meters at any time. No charge will be made to the customer for meters tested pursuant to this subsection.

I the undersigned, in accordance with the above referenced City of Harrisonburg Ordinance, am submitting this official written request to have the meter supplying water to my premises tested for accuracy. I understand that a charge will be added to my water bill for the costs incurred by the City, which will only be refunded if the test proves the meter is not functioning in accordance with the standards set forth by the American Water Works Association. By submitting the Request for Meter Test form, I agree to pay for any and all applicable costs.

Signature: _____ Date: _____

Name: _____ Account Number: _____

Service Address: _____

Phone Number: _____ Email Address: _____

A customer service representative with the City of Harrisonburg will contact you, via phone number or email address provided within three (3) business days regarding the final test results once the results are received.

To be completed by City of Harrisonburg Staff Only:

METER ID	DATE TESTED INTERNALLY	DATE SHIPPED to THIRD PARTY VENDOR	TEST 1	TEST 2	TEST 3	PASS OR FAIL	ACCOUNT NOTED / SCAN / FILED