

NORTH ALAMO WATER SUPPLY CORPORATION

APPLICATION FOR TEMPORARY METER		
Date of Application:	Meter Size:	
Applicant Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Phone #:	Alt. Contact Phone #:	
Service Location:		
Description of Lot:		
 meter be picked up and year You must provide North A You will need to obtain a located. 	of your service, you must contact Nor ou must pay your final bill before a re- slamo WSC with a copy of the propert permit from the city or county departs	fund will be issued to you. y deed. ment in which this service address is
Applicant Printed Name	New Accounts Representative	
Applicant Signature	Date	
NAWSC USE ONLY		
Rec #	Date Installed	Amount Paid