



# Harwich Water Department

*Please Use Water Wisely*  
196 Chatham Rd.  
Harwich, MA. 02645  
508-432-0304 Fax 888-774-3557  
www.harwichwater.com

## METER TESTING REQUEST

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Requested By:     Customer             Office             Board of Water Commissioners

Request Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Service # \_\_\_\_\_

Service Location: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, you acknowledge and agree to the following:

1. I authorize the meter at the above service location be removed and sent to a state certified testing facility; Regan Supply and Testing of North Easton. Testing can take up to approximately three weeks to be completed.
2. If the test result is accurate within industry standard of 2.5%, as recommended by American Water Works Association, I agree to pay for meter testing (\$3) and 1-hour service call. If the test result is inaccurate, the Department will review your account to make necessary adjustments.
3. You will be notified of testing results via certified mail. From the date of an accurate testing notification, payment of full balance will be due and payable.
4. If I decide to file abatement with the Board of Water Commissioners, my abatement form must be filed within 7 business days of receipt of letter.
5. If abatement is not filed and I am unable to pay balance in full, I will contact the Water Department to set up a payment plan to assist me with paying the balance. Otherwise, the Water Department will have no further option than to resume collection procedures.

\_\_\_\_\_  
Customer / Representative Signature

OFFICE USE ONLY:

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

Meter Reading : \_\_\_\_\_

Testing Vendor Name: \_\_\_\_\_

Sent Meter Date: \_\_\_\_\_

Note in Text: \_\_\_\_\_