



Town of Harwich
Water Department

196 Chatham Road, Harwich, MA 02645 USA
www.harwichwater.com
P. 508-432-0304 * F. 888-774-3557
customerservice@harwichwater.com

WATER METER TEST REQUEST FORM

Date: _____ Account # _____
Owner Name: _____ Owner Phone: _____
Street Address: _____ Owner Email: _____

AUTHORIZATION

Requested By: Customer Office Board of Water Commissioners

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

- 1. I authorize the meter at the above service address be removed and sent to a state certified testing facility. Testing can take 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. I understand that the Department will notify me of testing results when they are ready.
- 4. If I decide to file abatement with the Board of Water Commissioners, my abatement must be filed within 7 business days of receipt of the testing results.
- 5. If abatement is not filed and I am unable to pay balance in full, I will contact the Water Department for a payment plan. Otherwise, the Department will resume collection procedures.

Owner Signature: _____ **Date:** _____

OFFICE USE ONLY:

Meter Serial Number: _____
Meter Reading : _____
Testing Vendor Name: _____
Meter Mail Date: _____
Note in Account Text: _____

