



7837 FAIR OAKS BOULEVARD
CARMICHAEL, CALIFORNIA 95608

EMAIL: BILLING@CARMICHAELWD.ORG

TELEPHONE: (916) 483-2452

FAX: (916) 483-5509

WATER METER DOWNSIZE REQUEST FORM

Property Owner Name: _____

Mailing Address: _____

City/State/ Zip: _____

PH: (H) _____ PH: (C) _____ PH: (W) _____

Service Address: _____

Existing Water Meter Service Size

(Inch)

Requested Water Meter Service Size

(Inch)

I hereby request Carmichael Water District to change out my existing water meter and replace it with the size listed above. I understand and agree to the following information regarding rates and fees: my billing rate will be adjusted on the next complete billing period following the completion of the work by District staff; the District will not prorate the billing/rates between billing periods; the District charges a service fee for this process in the amount set forth in the District's Fiscal Year Fee Schedule; any future requests for a change in the meter size will require me to pay all costs associated with such change, as listed in the Fiscal Year Fee Schedule.

I further understand that my request to change the meter size may affect water flow and water pressure to all connections on the property beyond the meter, i.e., house, fire sprinkler system, property and irrigation systems. Carmichael Water District is not responsible for the possible water flow and pressure loss/increase, damage to the inside or outside of property, or any other damages associated with this request.

By signing this form I agree to the fullest extent permitted by law, that I shall indemnify and hold harmless and immediately defend Carmichael Water District, its directors, officers and employees from any and all damage that may occur with this request.

My signature below, signifies that I agree to all the conditions stated above.

Property Owner's Signature

Date

Request form may be returned by mail, email or fax to the number listed above.