



Village of Fonda Water Department  
Att. Street and Water Commissioner  
PO Box 447  
Fonda, NY 12068

Phone: 518.853.4335 Fax: 518.853.4555 Email: fondadpw@hotmail.com

### METER ACCURACY TEST – WORK ORDER REQUEST

ACCOUNT NUMBER : \_\_\_\_\_  
NAME : \_\_\_\_\_  
SERVICE ADDRESS : \_\_\_\_\_  
DAYTIME PHONE NUMBER \_\_\_\_\_

I would like the Village of Fonda Public Works Department staff to have my meter tested for accuracy and confirm the meter is operating within the guidelines set forth by the American Water Works Association (AWWA).

I am requesting that my water meter be removed and sent to a testing laboratory to be tested for accuracy. A copy of the test results will be provided to me. I understand that if the test shows that the meter is within +/- 2% tolerance (98% - 102%), the meter is considered accurate and the outstanding account balance is due in full. I understand that if the test results show that the meter is over 102%, my water bill will be adjusted accordingly.

I am aware there is a \$100 fee for this service and payment has been included herein. The only time this fee is refunded is if the meter is found to be operating over 102% of the AWWA standards.

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*EVERYTHING MUST BE FILLED OUT IN ORDER FOR THIS REQUEST TO BE PROCESSED\*\*\*

\*\*\*\*\*

Office Use Only

Test Meter I.D. # \_\_\_\_\_ Replacement Meter I.D.# \_\_\_\_\_

Results: Meter Test Within AWWA Standards  Meter Test Not Within AWWA Standards

Amount of Fee Charged: \_\_\_\_\_

Paid in full by check/cash/money order \_\_\_\_\_ Date: \_\_\_\_\_

Date results mailed to customer: \_\_\_\_\_

Refund required Yes  No  Actioned by \_\_\_\_\_ Completed Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Adjust account Yes  No  Actioned by \_\_\_\_\_