

CITY OF LA CROSSE WATER UTILITY

400 LA CROSSE ST LA CROSSE WI 54601-3396 608-789-7536

OFFICE USE ONLY

SEASONAL METER AGREEMENT & INSTALLATION/REMOVAL REQUEST FORM

The La Crosse Water Utility will only install/remove meters and turn on/off the water at the curb box. It is the owner's responsibility to ensure the irrigation piping and both valves on either side of the meter are in good condition. It is the owner's responsibility to open or drain their service after the water meter is removed. If the valves do not hold or the valves/piping break during a meter exchange performed by the Water Utility, the Property Owner is responsible for hiring a plumber to make the necessary repairs.

All seasonal meter users shall be required to have a current Seasonal Meter Agreement & Installation/Removal Request Form on file with the Utilities Office prior to a meter being installed/removed. All Meters shall be stored and supplied by the Water Utility. Meters shall be installed during business hours: Monday through Friday from 7:30 am to 1:30 pm by appointment only.

The Water Utility is not responsible for any damage occurring to the meter, including freezing, from the time the meter is installed/picked-up to the time the meter is removed/returned. The Property Owner is responsible for ensuring that the water meter is safe from possible damage while the service is active, and should the meter be damaged, the Property Owner will be billed the replacement costs and labor for staff to exchange and test the meter.

Installation requests

Users must make the request to install a seasonal meter at least three (3) business days prior the requested installation date. At the time of the meter installation, the water will be turned on at the curb box, but the water will be left off at the street side valve. Upon request, seasonal meters may be picked up at our Myrick Distribution facility by a licensed plumber or Water Utility authorized personal between the hours of 7:30 am and 2:30 pm. The licensed plumber/authorized personal will be responsible for turning on the curb box at the time of the meter installation. Additional paperwork will need to be completed at the time of pick-up.

Upon installation, the seasonal meter account will be billed the current Turn-On Charge Fee as approved by the WI Public Service Commission.

Removal Requests

Users must make the request to remove a seasonal meter at least three (3) business days prior to the requested removal date. At the time of the meter removal, the water will be turned off at the curb box. Upon request, seasonal meters may be removed by a licensed plumber or Water Utility authorized personal and returned to our Myrick Distribution facility between the hours of 7:30 am and 2:30 pm. The licensed plumber/authorized personal will be responsible for turning off the curb box at the time of the meter removal. Additional paperwork will need to be completed when the meter is returned.

Users are responsible to request the removal of the seasonal meter no later than November 1st of each year unless approved by the Water Superintendent or Water Assistant Superintendent of Distribution.

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		Requestor Inf	ormation		
Last Name:	Firs	t Name:		Phone#:	
Company Name:		E	Email:		
Billing Address:					
City:	State:	2	Zip Code:		
	Sea	sonal Meter Requ	iest Information		
Service Address:		Account #:			
Requested Date to Install/Pick-up Meter:		Requested Date to Remove/Return Meter:			
Does Access Need to be Provided:		Access/Lock Code:			
Contact Name:		Contact Phone Number			
The Utilities Office wil			c time to install the seasona vered between 7:30 am and		eds to be provided.
Additional Comments (Reque	est that plumber/authorized	personal pick-up/remove	meter):		
		ACKNOWLED	GMENT		
I, the undersigned, hereby red Seasonal Meter Installation/R scheduled and that failure to ρ be taken via the Water Utility's	emoval Policy/Procedures a provide access on the day of	as outlined above. I also u f removal may result in a se	inderstand that access to tervice call charge at the app	he property must be	made available on the day
Requestor Signature		Requestor Printed Name		Date	
	Please sign and return	400 La Crosse Street	Er	mail to:	