



City of Le Sueur, MN
Water Meter Test Request

If a Le Sueur water customer feels that their water meter is reading incorrectly, the customer can request that the meter be tested for accuracy. This form must be completed by the customer before the meter is removed and shipped to the testing facility. The cost for each meter is a \$150.00 deposit in advance and must be paid in guaranteed funds.

If the results of the test show that the meter is within the American Water Works Association (AWWA) tolerance of +/-2% (98%-102%), the meter is considered accurate; the customer's account will not be credited the deposit and the outstanding account balance is due in full. If the test shows the meter is less than 98% accurate, the city shall keep the deposit, and a certified meter shall be installed. If the test results show that the meter is over 102% accurate, the customer's bill will be adjusted accordingly for a period not to extend back more than one service period from the date of the written request, the deposit will be credited to the customer's account and a certified meter shall be installed.

PROPERTY OWNER INFORMATION	
Name:	
Address:	City/State/Zip:
Phone:	Email:

I am requesting that my water meter be removed and sent to a testing facility to be tested for accuracy. I understand that if the results of the test show that the meter is within the American Water Works Association (AWWA) tolerance of +/-2% (98%-102%), the meter is considered accurate; the customer's account will not be credited the deposit and the outstanding account balance is due in full. If the test shows the meter is less than 98% accurate, the city shall keep the deposit, and a certified meter shall be installed. If the test results show that the meter is over 102% accurate, the customer's bill will be adjusted accordingly for a period not to extend back more than one service period from the date of the written request, the deposit will be credited to the customer's account and a certified meter shall be installed.

I am including payment of \$150.00 in guaranteed funds (cash, money order, cashier's check, credit or debit card).

Signature of Applicant or Authorized Representative

Date

OFFICE USE ONLY	
Date Received:	Amount Paid:
Received By:	Date Sent to Testing Facility: