



capitalregionwater.com
888-510-0606

Water Meter Calibration Request

Account Name: _____

Account Address: _____

Mailing Address: (If Different from Account Address): _____

Property Owner: _____

Contact Person: _____

Phone: _____

Email Address: _____

Signature of Requester

Date

A Fee of \$165.00 payable to "Capital Region Water" must accompany this Request.

Submit form and payment in-person or by mail to:

Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110

Capital Region Water Use Only

Meter Make: _____ Meter Technician: _____

Meter Number: _____ Date: _____

Meter Size: _____ Meter Certified: Yes No

Measured Flow	Meter Reading	% Recovery
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____