



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 \$170.00 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____