



City of Pasadena – Water Billing Office  
 P.O. Box 1337  
 Pasadena, TX 77501-1337  
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 713.475.2534 - Fax  
[customerservice-water@ci.pasadena.tx.us](mailto:customerservice-water@ci.pasadena.tx.us)

*For Office Use Only:*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Order #: \_\_\_\_\_

## REQUEST FOR METER TEST

In accordance with Chapter 37 of the City's Code of Ordinances (Section 37-7. Testing water meters.), a consumer may at any time request that the water meter at the indicated service address be tested for accuracy. This application in addition to a test fee of fifty dollars (\$50.00) is required for the meter to be tested. "Accurate" is defined as meeting or exceeding the guidelines for accuracy as established by the American Water Works Association (AWWA). If testing shows that the meter was not accurate, the testing fee will be credited back to the account. However, if the test shows that the meter is accurate, the \$50 fee will be kept to cover the costs incurred by the City. A brief written statement of the test findings will be mailed to the customer. Please note that if the meter being tested is one-inch or above, the testing fees increase (see below). Because one-inch and above meters are tested by a contractor, the amount that is refunded or credited to the customer's account **if the meter is found to not function within standards** will be reliant on actual cost of test.

Size of Meter	Fee
One-inch meters	\$75.00
One & one-half-inch (1 ½ )	100.00
Two-inch & three-inch	150.00
Four-inch	200.00
Six-inch and above	300.00

**Customer Information:**

\_\_\_\_\_

**Customer Name**

\_\_\_\_\_

**Account Number**

\_\_\_\_\_

**Service Address**

\_\_\_\_\_

**Daytime Telephone Number**

**Email Address:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request the opportunity to be present for the testing of the meter.

(If you request to be present, you will be advised of testing time at least one day in advance. Tests will not be rescheduled at customer request. Field tests may be rescheduled due to inclement weather, in which case the City will attempt to contact you at the number(s) you provide above.)

I authorize the City to have the meter supplying water to my premises tested for accuracy. By submitting this request, I agree to pay for any and all applicable costs.

\_\_\_\_\_

**Customer Signature**

\_\_\_\_\_

**Date**

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**Meter #** \_\_\_\_\_ **MIU#** \_\_\_\_\_ **Average Monthly Consumption:** \_\_\_\_\_

**Disputed Consumption:** \_\_\_\_\_ **CityWorks Work Order #:** \_\_\_\_\_

**Water Billing Staff Initials** \_\_\_\_\_