

**CITY OF EAST PROVIDENCE
DEDUCT METER APPLICATION**

(PLEASE TYPE OR PRINT)

**PLEASE RETURN THE APPLICATION ONLY TO
CITY OF EAST PROVIDENCE
WATER UTILITIES DIVISION
60 COMMERCIAL WAY
EAST PROVIDENCE, RI 02914
PHONE: 401-435-7741 FAX: 401-435-7745**

1. PROPERTY OWNER INFORMATION

NAME: _____

COMPANY NAME (If Applicable) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (HOME) _____ (WORK) _____ (FAX) _____

2. PROPERTY DESCRIPTION (DEDUCT METER LOCATION)

ADDRESS: _____ WATER SERVICE CODE _____

MPB: _____ MAP _____ BLOCK _____ PARCEL _____

3. WATER SUPPLY TO PROPERTY

PLEASE CHECK THE APPROPRIATE SPACE

_____ CITY WATER _____ WELL WATER _____ BOTH

4. PROPERTY DESCRIPTION

PLEASE CHECK THE APPROPRIATE SPACE

_____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL

5. DEDUCT METER USE

PLEASE CHECK THE APPROPRIATE SPACE

___ COOLING WATER ___ IRRIGATION/LANDSCAPING ___ PRODUCT PRODUCTION

___ OTHER (Please Describe) _____

PLEASE READ THE FOLLOWING AND SIGN

As the owner of the property described in this application, I agree to accept and abide by the City of East Providence requirements for the use of a deduct meter. **I agree to provide access to the property for unscheduled random meter inspections by authorized agents of the City of East Providence and understand that deduct credits will be granted only if all stated owner requirements are met.**

Print Name: _____ Signature: _____ Date: _____

Checked: _____ Date: _____ Approved: _____ Date _____
Plumbing Inspector Water Div. Superintendent