



Actual Water Meter Reading Form

Customer Name: _____

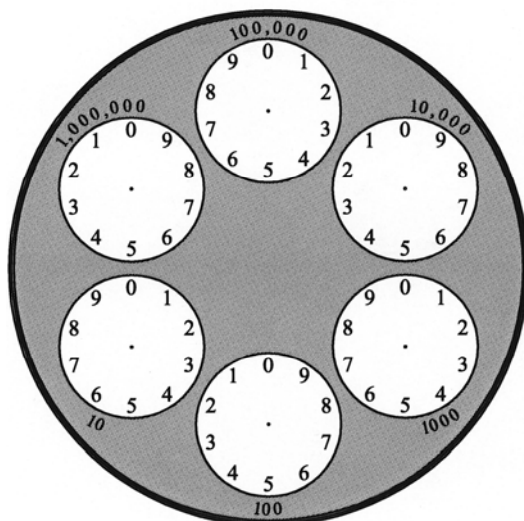
Account Number: _____

Service Address: _____

Meter Number: _____

Date of Reading: _____

Kindly mark on the dial below the position of the hands on your water meter.



Use this space for Straight Reading Meters (including all zeros)

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To submit this form:

Mail to: Morgantown Utility Board
P.O. Box 852
Morgantown, WV 26537

Fax to: 304-292-1526