

ROOT CREEK WATER DISTRICT

Water Meter Installation Request Application

Effective April 1, 2026

SECTION 1 - PROJECT INFORMATION (To Be Completed by Builder)

Project Address: _____

Assessor's Parcel Number (APN): _____

Building Permit Number: _____

Type of Construction (check one):

Single-Family Residential Commercial Other: _____

Builder/Company Name: _____

Contractor: _____

Primary Contact Name: _____

Phone Number: _____

Email Address: _____

SECTION 2 - BUILDER CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that:

1. The meter box is installed, structurally sound, undamaged, and accessible.
2. The meter box is free from trash, debris, standing water, soil, and construction materials.
3. The service line is properly installed and ready for meter connection.
4. The site is safe and accessible for District personnel.
5. All applicable District fees have been paid.

Builder Signature: _____

Printed Name: _____

Date: _____

Email application to: info@rtdiversified.com; or Fax to (559) 255-3291

Call Root Creek Water District via RT Diversified for information: (559) 255-2305

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SECTION 3 - DISTRICT USE ONLY

Meter Installation

Date Requested:		Date Installed:	
Customer/Builder:		Account Number:	
Service Address:		Lot Number:	
Type of Service:	<input type="checkbox"/> RES <input type="checkbox"/> COM <input type="checkbox"/> IRR		
Meter Size:		Meter Type:	Badger
Latitude:		Longitude:	
Meter ID #:		Endpoint #:	
Meter Reading:		Number Dials:	

Inspection Status: Approved Rejected – Corrections Required

If Rejected, Reason: _____

Final Approval Date: _____

Installation Performed by (Print Name): _____ Date: _____

SECTION 4 - DISTRICT CERTIFICATION OF INSTALLATION

The Root Creek Water District hereby certifies that a water meter has been installed and inspected at the above-referenced property in compliance with District standards. This certification is issued for the purpose of submission to Madera County in support of a final inspection request.

Printed Name: _____ Date Issued: _____

Authorized District Representative: _____