



SPECIAL METER - CREDIT APPLICATION (FORM FS-2)

NAME _____ ACCT# _____ METER# _____

ADDRESS _____ PHONE # _____

DATE METER READ ____ / ____ / ____ METER READING _____ HCF _____

***** ALL METERS MUST BE PERMANENTLY INSTALLED -
NO HOSE OR PORTABLE CONNECTIONS*****

I CERTIFY THE WATER USED THROUGH THIS METER WILL NOT BE DISCHARGED INTO THE SEWER SYSTEM.

CUSTOMER SIGNATURE: _____ DATE: _____

**TO RECEIVE PROPER CREDIT, YOU MUST COMPLETE AND RETURN FORM FS-2 BY
THE 10TH OF EACH MONTH.**

AFTER SIX(6) MONTHS OF NON-METER READING - NO CREDIT WILL BE GIVEN

SEND TO: Florence Water & Sewer Department
8100 Ewing Blvd.
Florence, KY 41042