



# VOLUNTARY METERING PROGRAM APPLICATION

**DEPARTMENT OF PUBLIC WORKS**  
2221 Pacific St., Bellingham, Washington 98229  
Telephone 360-778-7700 ♦ FAX 360-778-7701

## PROPERTY OWNER INFORMATION

Name \_\_\_\_\_

Service Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Tenant Information (if applicable)

Name \_\_\_\_\_

Service Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## FOR OFFICE USE ONLY

Account Number \_\_\_\_\_ Work Order Number \_\_\_\_\_

Metered Route \_\_\_\_\_ Metered Route Date \_\_\_\_\_

**Mail completed application to the above address; or hand deliver to the City's Finance Office or Permit Center at City Hall, 210 Lottie Street, or Public Works Operations Division at, 2221 Pacific Street.**

**Our goal is to install your meter as efficiently as possible. Please allow up to two billing cycles for your installation.**

**Once a customer elects to participate in the VMP, the customer cannot return to the flat rate structure. BMC15.08.040 (F)**

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THE INFORMATION IS CORRECT, AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING ACTIVITIES COVERED BY THIS PERMIT APPLICATION.**

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Date**