

## **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  
JANUARY 15, APRIL 15, JULY 15, AND OCTOBER 15.**

**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

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