



**CITY OF NEWPORT  
DEPARTMENT OF UTILITIES  
WATER DIVISION  
70 HALSEY STREET  
NEWPORT, RI 02840  
Phone: 401-845-5600 Fax: 401-846-0947**



**Meter Test Request Form**

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Newport

Middletown

Portsmouth

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
(city, state, zip)

Meter Size (circle one):  2" or less  Greater than 2"

**Meter Test Fee:\***

2" or less (\$65)  Greater than 2" (Labor cost plus 75% and Contractor cost plus 25%)

Signature Required: \_\_\_\_\_  
(Owner)

Printed Required: \_\_\_\_\_  
(Owner)

**Meter Test Fee is required to be submitted with Meter Test Request Form.**

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**DO NOT WRITE BELOW THIS LINE**

**Reason for Test:**

**The mutually agreed upon date/time selected between the Department of Utilities and Owner/Contractor is as follows:**

DATE: \_\_\_\_\_ Time Slot Selected: \_\_\_\_\_

CHECK RECEIVED By: \_\_\_\_\_ Check No. \_\_\_\_\_

\_\_\_\_\_  
Meter Supervisor Date

Approved

\_\_\_\_\_  
Deputy Director Engineering Date

Approved

\_\_\_\_\_  
Deputy Director Finance Date

Approved

\* Fee established per current PUC approved Rate Schedule and due in advance.