

# Client Intake Form



Information	Notes
Name of Client	
Name of Water/Utility Authority (if applicable)	
Physical Address	
Billing Address	
Billing Email Address	
Phone	
Contacts	Water Operator City Manager/Mayor
Contacts (cont'd)	
Source Water	
Number of Meters	Active: Inactive: Commercial:                      Residential:
Water Towers & Type	
Booster Pumps?	
Master Meters?	

**Notes/Additional Items**

[Empty rectangular box for notes or additional items]