CITY OF BARTLETT, TEXAS

METER TESTING CONSENT FORM

REF. § 12.02 Meter Testing

SECTION 1 — CUSTOMER INFORMATION

Customer Name: _____

Utility Account Number: _____

Service Address: _____

Mailing Address (if different): _____

Telephone Number: _____ **Email:** _____

SECTION 2 — METER INFORMATION

Utility Type:
☐ Water Meter
☐ Electric Meter

Meter Number / Identification [staff]: _____

Date of Request: _____

Reason for Testing:

☐ Suspected inaccurate meter readings
☐ Unusually high utility bill
☐ Suspected meter malfunction
☐ Routine or other inspection
☐ Other: _____

Customer Explanation or Additional Comments:

_____

_____

_____

_____

SECTION 3 — CONSENT AND AUTHORIZATION

I, the undersigned customer or authorized account holder, hereby request and authorize the City of Bartlett, Texas, and its authorized representatives to inspect and test the utility meter associated with the service address identified above.

By signing this form, I acknowledge and agree to the following:

1. **Authorization for Testing.** I authorize the City and its authorized personnel or contractors to access the meter and perform the testing, inspection, or related work reasonably necessary to evaluate the meter's accuracy and operating condition.

2. **Testing Procedures.** I understand that the City will conduct meter testing in accordance with applicable procedures, technical requirements, and regulations governing the type of utility meter being tested. The City coincides with the Texas Public Utility Commission to recognize that any meter that exceeds 102% effectiveness is considered defective.

3. **Testing Results.** I understand that the City will document the test results and make the findings available to me in accordance with applicable City policies and regulations.

4. **Utility Billing.** I understand that meter testing does not automatically result in an adjustment to my utility bill. Any billing adjustment, credit, or other remedy will be determined in accordance with applicable laws, regulations, and City utility policies.

5. **Testing Fees.** I understand that the meter testing fee is $10.00 and a $75.00 service fee will be applied or applied where authorized by the City's adopted fee schedule and applicable law. I understand that the total $85.00 fee is due prior to proceeding with the test and may not be reimbursed varying from the results of the test. Any applicable fee and the circumstances under which it may be assessed should be communicated to me before testing.

6. **Responsibility of Balance.** I understand that testing my meter does not exempt me from paying any and all outstandings balances and may be subject to disconnection if failure to maintain compliance of my utility balance.

7. **Access to Meter.** I agree to provide reasonable access to the meter when necessary to complete the requested testing. I understand that testing may require temporary interruption of utility service when operationally necessary and permitted by applicable requirements.

8. **Acknowledgment of Results.** I understand that the test results will be used to evaluate the meter's performance and determine any appropriate follow-up action. My signature does not constitute an admission that the meter is accurate or inaccurate, nor does it waive any rights available to me under applicable law.

Customer / Authorized Account Holder

Printed Name: _____

Signature: _____ Date: _____

City Representative

Printed Name: _____

Signature: _____ Date: _____

SECTION 4 — TEST RESULTS AND CITY USE ONLY

Date Tested: _____ **Time:** _____

Testing Performed By: Texas Meter Devices

Meter Number Verified: ☐ Yes ☐ No

Test Results:

☐ Meter operating within applicable accuracy standards
☐ Meter outside applicable accuracy standards
☐ Meter malfunction identified
☐ Additional testing or investigation required
☐ Other: _____

Accuracy / Error Reading (if applicable): _____

Applicable Accuracy Standard: _____

Corrective Action:

☐ No corrective action required
☐ Meter repaired
☐ Meter replaced
☐ Billing review required
☐ Additional investigation required
☐ Other: _____

Testing Fee: $_____

Billing Adjustment, if applicable: $_____

Technician Comments: [Attached]

SECTION 5 — CUSTOMER ACKNOWLEDGMENT

I acknowledge that I have read and understand this form and have had the opportunity to ask questions regarding the meter testing process. I voluntarily authorize the City of Bartlett to conduct the testing described above, subject to applicable laws, regulations, and City policies.

Customer / Authorized Account Holder

Printed Name: _____

Signature: _____ Date: _____

City Representative

Printed Name: _____

Signature: _____ Date: _____

SECTION 6 — RESULTS NOTIFICATION

Method of Notification:

☐ Email
☐ Telephone
☐ Mailed Letter
☐ In-Person
☐ Other: _____

Date Results Provided: _____

City Administrator Reviewed: _____ Date:_____

CITY OF BARTLETT — UTILITY DEPARTMENT

For questions regarding meter testing, applicable fees, or test results, please contact City Hall or the Utility Department.

This form is intended for administrative use and should be reviewed for consistency with the City's adopted utility ordinances, fee schedule, and applicable state requirements before implementation.