**LOWER TULE AND PIXLEY IRRIGATION DISTRICT GSA**

**METER CERTIFICATION FORM AND ACKNOWLEDGMENT**

**Customer Information:**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meter Information:**  
Well ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Meter Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Installation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Last Calibration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification Details:**  
This is to certify that the meter installed at the above-listed service address has been tested and verified for accuracy per the manufacturer’s standards. The meter complies with all applicable installation requirements and is within acceptable tolerance levels.

**Testing and Verification Details:**  
Date of Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Certified by (Technician Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment:**  
The undersigned acknowledges that the above-referenced meter has been tested and certified for accuracy. I understand that the certification ensures the proper functioning of the meter, and I agree to its continued use as part of my service agreement. I also acknowledge that any disputes regarding meter accuracy should be addressed per district policies and procedures.

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Use Only:**  
Certification Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the manufacturer's meter certification.