Goleta Water District
4699 Hollister Avenue
Goleta, CA 93110-1999

GOLETA WATER DISTRICT
METER DOWNSIZE APPLICATION

APPLICANT NAME _____

Applicant's Mailing Address _____

City_____ **State** _____ **Zip Code** _____

Phone Number _____ **Fax Number** _____

Email _____

PROPERTY OWNER'S NAME _____

(Please provide proof of ownership such as Grant Deed, Trust Deed, etc. If owner is different than Applicant, the owner's written consent is required.)

Owner's Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Owner's Phone Number _____ **FAX Number** _____

Email _____

COUNTY ASSESSOR'S PARCEL NUMBER _____

SERVICE ADDRESS _____

PARCEL SIZE _____

ACCOUNT NUMBER _____

DO YOU HAVE A FIRE SPRINKLER SYSTEM IN YOUR HOME? _____

DO YOU CURRENTLY HAVE A BACK FLOW DEVICE ON YOUR METER? _____

Additional Information you would like the District to consider:

_____

_____

_____

NO. OF METERS REQUESTED TO DOWNSIZE _____

GOLETA WATER DISTRICT
Meter Downsize Application

Applicant_____
APN/ Address_____
Date_____

The District will review customer account water use, fixture unit counts, and other property information to determine if a downsized meter is appropriate. Please note that most meters throughout the District are properly sized.

- **You will be responsible for District labor and material costs related to any future requests to upsize this meter.**
- **Note that smaller meters measure water use more effectively than larger meters. After receiving a downsized meter, your charges for water usage may increase, due the increased accuracy of the smaller meter.**
- ***Meters serving property with a fire suppression or fire sprinkler system cannot be downsized and are not eligible for this program.***

I have read the above statement and verify that the information provided in this application is true and correct.

_____ _____
Applicant's Signature **Date**

_____
Print Name

_____ _____
Owner's Signature (if different from Applicant) **Date**

_____
Print Name

For Internal Goleta Water District Use

GWD Property #_____ Existing Meter Size_____ Age of Meter _____Service Size_____

Backflow (circle one): YES NO Highest Monthly Water Use (AFY) _____

Pressure Zone_____

Fixture Unit Count Summary and Max GPM_____

Fixture Unit Count Performed using (circle one): District Model or Other Professional

Downsize Feasible (circle one): YES NO Minimum Meter Size Required: _____

Engineering Analysis Approved by: _____
Name, Title, and Date

Notes:

_____

_____

_____

Application # _____