SET METER REQUEST

REQUESTOR'S NAME ___________________________ CONTACT PHONE # ___________________________ HOME BUILDER ___________________________

Service Address (Street#, Street Name, Apt#, City, State, Zip)

Size of Meter to be set:

☐ 5/8” unless otherwise specified

☐ Other Meter size: ___________________________ Customer Signature

*Please allow up to five (5) business days for meter to be set

FOR OFFICE USE ONLY:

EMPLOYEE INITIALS: ___________ DATE: ___________________________

CITY OF KYLE-UTILITY BILLING DEPT.
100 W. CENTER STREET
KYLE, TX 78640
PHONE: (512) 262-3960
FAX: (512) 262-3965

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