

## City of Goodyear Flushing & Disinfection Meter Verification Form

April 20, 2012							
Project:							
Parcel:							
Project Location:							
Developer:			Co _	Contractor:			
Contact Name:				Contact Name:			
Phone #:				Ph	Phone #:		
Inspector:							
Location of Meter Size Require			ed (Circled) Authorizing Signature				
		3	4	6	8		
		3	4	6	8		
		3	4	6	8		
		3	4	6	8		
		3	4	6	8		
Comments:							