



METER REGISTRATION FORM

1. OPERATOR NAME

Name: _____

Street Address or P.O. Box Number _____

City/State/Zip: _____

Telephone: _____ Email: _____

2. WELL INFORMATION

Operator Well Number/Name: _____

State Well Number: _____

Assessor's Parcel Number: _____

Type, make, and horsepower of pump: _____

Date installed: _____

Depth of Well (feet) _____ Casing Diameter (inches): _____

3. METER INFORMATION

Manufacturer: _____ Serial Number: _____

Measuring Units (check one):

_____ gallons _____ cubic feet _____ acre-feet

Meter Multiplier (check one):

_____ None _____ X 10 _____ X 100

Provide photo(s) of the meter showing the face and serial number

Printed Name

Title

Signature

Date

Office Address:
Mailing Address:

417 Bryant Circle Drive, Suite 112, Ojai CA 93023
P.O. Box 1779, Ojai CA 93024
www.obgma.com

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