

APPENDIX E - UTILITY BILLING METER FORM

Check the appropriate boxes that apply below.

Electric Steam Condensate Water Chilled Water

Location: Building # _____ Name _____ Floor/Room No. _____

Meter Serves: _____

Activity: Install Remove Swap Change in billing

- New Service
- Replaces Existing Service
- Building Demolition
- Temporary Construction Service
- Substantial Completion of Construction Project
- Certificate of Occupancy Date
- Other _____

Deduct Meter: No Yes-to Meter # _____

New Meter # _____
Manufacturer _____
Type _____
Meter Reading _____
Multiplier _____
Units _____
Number of Digits Left of Decimal _____
Date and Time _____

Removed Meter #
Meter Reading _____
Date and Time _____

Bill to: Project # _____ Building _____

Contractor's Name _____

Form completed by _____ Company _____

Phone # _____ Today's date _____

Submit to: Energy Accounting/300 Donhowe

The following to be completed by Energy Accounting

Percent of Support _____ Work Order # _____
Percent of Non-support _____ Client ID _____ Work Order # _____
Percent of Non-support _____ Client ID _____ Work Order # _____

End of Appendix E - Utility Meter Report
University of Minnesota Facilities Management
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