



CITY OF DOVER
WATER SERVICE CONNECTION INSPECTION REPORT

DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

INSPECTION:

Table with 5 columns: Inspection Item, N/A, Adequate, Date, Signature of Inspector. Rows include Main line connection, Curb stop, Curb stop riser, Connection to meter, Meter depth, Meter compatible, Meter vault and lid, Locate wire.

1 City staff will open when inspections are complete and installation accepted

City Use Only

Radio Read RTR # \_\_\_\_\_
Meter Body # \_\_\_\_\_
Meter Read \_\_\_\_\_
Meter Size \_\_\_\_\_

Check one box for each trip

Grid of 14 empty boxes for trip tracking.

FINAL ACCEPTANCE: [ ] yes

Date: \_\_\_\_\_

Authorized City Agent: \_\_\_\_\_ print name

Signature: \_\_\_\_\_

NOTES:
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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