



## FORM FOR METER REGISTRATION

### 1. OPERATOR NAME

Name: \_\_\_\_\_

Street Address or P.O. Box Number \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. WELL AND METER 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): \_\_\_\_\_

Water Meter Manufacturer: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Water Meter Measuring Units (check one): \_\_\_\_\_ gallons  
\_\_\_\_\_ cubic feet

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  
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