

Instructions

Please follow the below instructions when filling out this form:

- 1.) Please read from the left to the right including the stationary "0's".
- 2.) Meter readings must be received by the tenth (10th) of each month.**
- 3.) If you have any questions, please call Libby at (505) 891-5250 or e-mail LMcCracken@rrnm.gov.

Company Information

Company Name: _____

Contact Person: _____

Company Phone: _____

Company Fax: _____

Date: _____

Meter Information

Read Numbers in White on Left Side of Decimal ONLY.

| | | |
|------------------|-------------------------|--------------|
| Meter ID # _____ | Begin Read: _____ . XXX | |
| Date: _____ | End Read: _____ . XXX | Usage: _____ |

| | | |
|------------------|-------------------------|--------------|
| Meter ID # _____ | Begin Read: _____ . XXX | |
| Date: _____ | End Read: _____ . XXX | Usage: _____ |

| | | |
|------------------|-------------------------|--------------|
| Meter ID # _____ | Begin Read: _____ . XXX | |
| Date: _____ | End Read: _____ . XXX | Usage: _____ |

| | | |
|------------------|-------------------------|--------------|
| Meter ID # _____ | Begin Read: _____ . XXX | |
| Date: _____ | End Read: _____ . XXX | Usage: _____ |

| | | |
|------------------|-------------------------|--------------|
| Meter ID # _____ | Begin Read: _____ . XXX | |
| Date: _____ | End Read: _____ . XXX | Usage: _____ |

| | | |
|------------------|-------------------------|--------------|
| Meter ID # _____ | Begin Read: _____ . XXX | |
| Date: _____ | End Read: _____ . XXX | Usage: _____ |

Note: If you do not turn in your readings by the tenth (10th) of each month, your permit may be revoked and you will be charged an estimated usage. If you experience any problems with your hydrant meter, please return it to our office and a replacement meter will be given to you.

FOR DEPARTMENT USE ONLY

Received By: _____ Date: _____