POINTE COMMUNITY ASSOCIATION APPROVED SUB-METER FORM

OWNER NAME (Please Print)	
PROPERTY ADDRESS:	
LOT #:	
PLUMBER DOING THE WORK:	
LOCATION OF SUB-METER ON PROPERTY:	
INSTALLATION DATE:	_ _ if you are
unsure of the exact date, please notify us upon installation completion.	
The following is approved for sub-meter installations upon receipt and of receipt of this form	confirmation
Approved Sub Meter Type: Ester C7000	
Upon executing this form, I agree to the following:	
1. Homeowners who are affected by the shut – off of the main water me	eter will be
notified in writing by me at least 48 hours in advance.	
2. I have notified Vision Community Management at least 3 business da	ays in
advance of my scheduled installation.	
3. I have completed this form accurately and no variations have been m	nade to the
type of sub-meter.	_
4. I understand that The Pointe Community Association and Vision Co	•
Management will not be held liable for any damages or service issues d installation of my sub-meter.	ue to the
5. I understand that I am responsible for maintaining, replacing and reindividual water sub-meter.	pairing my
HOMEOWNER SIGNATURE:	
DATE.	

VISION Community Management 16625 S Desert Foothills Pkwy PHOENIX, AZ 85048 Phone: 480/759-4945 Fax: 480/759-8683 pointecommunity@wearevision.com