

APPLICATION FOR METER OUT INSPECTION

Please Print

Date: _____

Address of Meter Out Inspection: _____

City _____ State _____ Zip _____

Municipality: _____

*Premise Number (Applicant shall obtain from Ameren UE 314-992-6619): _____

*Property Owner Name: _____

*Property Owner Mailing Address: _____

*Property Owner Phone Number: _____

*Applicant Name: _____

*Applicant Address: _____

*Applicant Email Address: _____

*Applicant Phone Number: _____

*Address where inspection results should be sent _____

*Applicant Signature: _____

(I acknowledge someone 18 years or older will be present for the inspections.)

Email this Application to permits@stlouisco.com. You will be contacted by telephone or email with instruction on how to pay the \$79 for the inspection and processing.

For Office Use Only

Request Number: _____ Locator Number _____

Date: _____ Inspector Name _____ ID# _____

Result Approved Not Approved
Service Info UG OH
Service Size _____ Phase _____
Wire _____

Comments _____

