

DIVIDEND REINVESTMENT AND DIRECT STOCK PURCHASE PLAN FOR SHARES OF

BADGER METER, INC.

ENROLLMENT APPLICATION

Please enroll this account as follows:

Check one box only (X).

If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed.

[] FULL DIVIDEND REINVESTMENT Reinvest all dividends for this account.

[] CASH PAYMENTS ONLY (NO DIVIDEND REINVESTMENT) All dividends will be paid in cash.

I (We) hereby appoint American Stock Transfer & Trust Company, LLC as my (our) Agent under the terms and conditions of the Plan, as described in the Prospectus of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of Badger Meter, Inc. Common Stock as indicated below.

NO INTEREST WILL BE PAID ON THE FUNDS HELD PENDING INVESTMENT.

ACCOUNT INFORMATION

- 1. SINGLE/JOINT: Joint account will be presumed to be joint tenants with right of survivorship unless restricted by applicable state law or otherwise indicated. The Social Security Number of the first-named tenant is required.
2. CUSTODIAL: A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Gift to Minors Act in the minor's state of residence. The minor's Social Security Number is required.
3. TRUST: Account is established in accordance with the provisions of a trust agreement.

This form, when completed and signed, should be mailed with your check in the blue envelope provided. Please affix postage to ensure proper processing. If you do not have the envelope, mail your check and the form to:

Badger Meter, Inc.
c/o American Stock Transfer & Trust Company, LLC
P.O. Box 922, Wall Street Station
New York, New York 10269-0560
Attn: Dividend Reinvestment

If your name is preprinted above, it is for mailing purposes only. Please complete one of the boxes below for the exact account registration.

ACCOUNT LEGAL REGISTRATION (CHOOSE ONE):

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER

Grid for Social Security or Taxpayer Identification Number

I hereby warrant, under penalty of perjury, that the number provided above is correct.

Registration options: SINGLE/JOINT ACCOUNT, CUSTODIAL ACCOUNT, TRUST ACCOUNT. Includes fields for Name, Joint Owner, Custodian's Name, Minor's Name, Trustee Name, Trust Name or Beneficiary, and Date of Trust.

ACCOUNT ADDRESS STREET CITY STATE ZIP CODE

SIGNATURE(s) All Joint Owners Must Sign

ATTACHED IS A CHECK FOR \$

Field for check amount

MINIMUM INITIAL INVESTMENT IS \$100 FOR NEW INVESTORS
MINIMUM INVESTMENT IS \$50 FOR STOCKHOLDERS OF RECORD AND CURRENT PLAN PARTICIPANTS
MAXIMUM INVESTMENT IS \$5000 PER QUARTER

COMPLETE THIS PART ONLY IF YOU WANT AUTOMATIC MONTHLY DEDUCTIONS

I (We) hereby authorize American Stock Transfer & Trust Company, LLC to make monthly automatic transfers of funds on the 10th day of each month, from my (our) checking or savings account in the amount stated below. This monthly deduction will be used to purchase shares of Badger Meter, Inc. Common Stock for my (our) Badger Meter, Inc. Plan account.

1. Indicate the Type of Account: Checking or Savings.
 2. Print the complete Bank Account Number.
 3. Print the name on Bank Account as it appears on your bank statement.
 4. Print the complete name of your Financial Institution, including the branch name and address.
 5. Print the ABA Number (Bank Number) from your check or savings deposit slip. See the sample below for the location of the ABA Number.
 6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be transferred from your account. The minimum is \$50 per month and the maximum is \$5000 per quarter from your checking or savings account to purchase Badger Meter, Inc. Common Stock.
- Please enclose a copy of a VOIDED check or savings deposit slip to verify banking information.**

Signature(s) _____

Date _____ Daytime Phone Number _____

FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.

Please Print All Items

1. Type of Account Checking Savings

2. [Grid for Bank Account Number]
 Bank Account Number

3. [Grid for Name on Bank Account]
 Name on Bank Account

4. [Grid for Financial Institution]
 Financial Institution
 [Grid for Branch Name]
 Branch Name
 [Grid for Branch Street Address]
 Branch Street Address
 [Grid for Branch City, State and Zip Code]
 Branch City, State and Zip Code

5. [Grid for ABA Number]
 ABA Number

6. \$ _____
 Amount of Automatic Deduction

PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.

Name on Bank Account

Financial Institution and Branch information

JOHN A. DOE _____ 20 ____
 MARY B. DOE
 123 YOUR STREET
 ANYWHERE, U.S.A. 12345

63-858
670

PAY TO THE ORDER OF _____ \$ []
 _____ DOLLARS

First National Bank
 of Anywhere
 123 Main Street
 Anywhere, U.S.A. 12345

FOR _____ SAMPLE (NON-NEGOTIABLE) _____

⑆0?1000013: 123456769⑆

ABA Number Bank Account Number