PORTABLE HYDRANT METER RENTAL

Name: _____ Phone: _____

Applicant Address: _____

_____

_____

Desired Placement Date: ☐ immediately _____ Future Date: _____

Property Served: _____

_____

Please be as specific as possible with the location of placement, including address and cross streets if possible.

Owner of Property: _____

TO BE COMPLETED BY CITY STAFF:

Deposit Paid: _____ Receipt #: _____ Staff: _____

Meter Make and #: _____ Chapman: ☐ Yes ☐ No

Date Installed: _____ Read: _____ Staff: _____

Date Removed: _____ Read: _____ Staff: _____

I understand that I will not receive any refund of the rental deposit until the meter has been returned and the appropriate fees have been deducted. I will be held responsible for any damage to the meter while I am renting it, and will be invoiced for any necessary repair or replacement. If my deposit does not fully cover the rental and/or damage costs, I will have 60 days from the date of billing to pay the remaining balance or the City will turn the balance over to a collection agency.

_____ _____

Applicant Signature Date