

City of Poulsbo - Public Works Department

2020 HYDRANT METER DEPOSIT / RELEASE FORM

3" Hydrant Water Meter Serial Number:

1336	538 1441494	1554417	1637828	66577317	66874932	62073450	65583846
Shall be check	ked out to:		of:			for:	
	ced out to:	(Name)		(Con	npany)	_	(Job Name)
							the use of such al wear and tear.
	The charge for we have January 1s					et of water. U	sage
if meter is	Water consumpt s not returned p	ion charges 8 rior to Decem	any damag ber 31st con	es will be deo sumption for	ducted from y that year will	our \$1200 de be billed dire	eposit. However, ctly at that time.
**	** A monthly rei	ntal fee of \$50) is billed. Pa	rtial months	are pro-rated	by days used	d. ***
J	Job Site Addres	SS:					
J	Job Site Phone	:					_
C	Company Billin	g Address:					
Company Phone:		e:			FAX:		
E	Expected Retur	n Date of Me	ter:				
	Signature:				Date	:	
F	Signature:				Date	:	
					Date	:	
E	For City Use:	er Read:			Date	:	
E	For City Use: Beginning Mete	er Read: ead:			Date	:	
E T	For City Use: Beginning Mete Ending Meter re	er Read: ead: et used:			Date	<u> </u>	
E E T To be comple	For City Use: Beginning Mete Ending Meter re Fotal Cubic Fee	er Read: ead: et used:			Date	<u> </u>	
E T To be comple	For City Use: Beginning Meter Ending Meter re Fotal Cubic Fee eted by City who	er Read: ead: et used: en water mete		l:	Date		
E T To be comple L	For City Use: Beginning Meter Ending Meter re Fotal Cubic Fee eted by City who Deposit paid:	er Read: ead: et used: en water mete	er is returned	l:	Date	:	
E T To be comple C L F	For City Use: Beginning Meter Ending Meter re Fotal Cubic Fee eted by City who Deposit paid: Less Total Wate	er Read: ead: et used: en water mete r Used: illed Dec 31st	er is returned	l:		om to 401 23	700000)
E To be comple L F	For City Use: Beginning Meter Ending Meter re- Total Cubic Fee eted by City who Deposit paid: Less Total Water Plus water use b	er Read: ead: et used: en water mete r Used: illed Dec 31st o be Reimbur	er is returned	l:			700000)

Original to: Public Works Foreman Copies to: Account Manager & A/R Billing Clerk

Receipt # & Date: