

## City of Poulsbo - Public Works Department HYDRANT BACKFLOW PREVENTER DEPOSIT / RELEASE FORM

A Hydrant Backflow Preventor and Hose Serial Number:

Copies to: Account Manager & A/R Billing Clerk

4595678 Shall be checked out to: (Name) (Company) A refundable one thousand dollar (\$1,000.00) damage deposit shall be made for the use of such hydrant backflow preventer to provide for payment of any damage to the unit and hose in excess of normal wear and tear. Job Site Address: Job Site Phone: **Company Billing Address:** \_\_\_\_ FAX: \_\_\_\_\_ **Company Phone: Expected Return Date of Unit:** Signature: Date: For City Use: To be completed by City when hydrant backflow preventer and hose are returned: Deposit paid: \$1,000.00 Daily Rental Charge \$25/day: Less Damages to be Reimbursed: Total Refund Owed to Customer: (Paid from to 401 23700000) Completed by: Date: Original to: Public Works Foreman

Receipt # & Date: