

CITY OF OTHELLO
FIRE HYDRANT METER BACK FLOW DEVICE
CHECK OUT SHEET

DATE: _____
BILLING INFORMATION: _____ **Contact:** _____
(PLEASE PRINT) _____

PHONE NUMBER: _____

IDENTIFY ACTIVE WATER ACCOUNT NAME: _____

ACCT. # _____ **AUTHORIZATION RECEIVED:** **YES**

METER USE LOCATION: _____

ESTIMATED TIME OF USE: _____

DATE EXTENDED BY PUBLIC WORKS TO: _____

METER USED: **1" Meter** _____ **3" Meter** _____

RATES: (As per Othello Municipal Code 12.16.110 Private Uses of City Fire Hydrants)

Refundable Deposit: 1" Meter \$300 _____ 3" Meter \$500.00 _____

Base Rate: \$50.00 per month.

Volume Rate: Billed in 100 Cubic Foot Units, As Set by Current Water Rate Ordinance

DEPOSIT PAID BY: **CASH:** _____ **CHECK #:** _____ **RECEIPT #:** _____

FAX FORM TO PUBLIC WORKS: _____

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CONTRACTOR/USER:

I certify that I have received the identified equipment in good working order and will return it in the same or better condition or I will pay actual new replacement costs plus 15% to the City of Othello within 30 days of last estimated time of use date.

SIGNED: _____

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PUBLIC WORKS DEPARTMENT USE ONLY:

BEGINNING METER READING: _____ **(All Meters Read In Gallons)**

METER I.D.# _____ **HYDRANT WRENCH:** YES NO

ENDING METER READING: _____ **HYDRANT WRENCH RETURNED:** _____

DATE EQUIPMENT RETURNED: _____

RETURNED IN FULL WORKING ORDER: YES NO

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FINANCE DEPARTMENT / UTILITY BILLING:

- _____ **SET UP UTILITY BILLING ACCOUNT**
- _____ **HAVE A SEPARATE ACTIVE WATER ACCOUNT AUTHORIZATION**
- _____ **MONTHLY READS PROVIDED BY PUBLIC WORKS**
- _____ **FINAL INVOICE MAILED**

NOTES: _____