

Register Receipt #:

## **HYDRANT FLOW METER APPLICATION 2019**

## Bars Code: 0750 / 401.237.104

0	•					
Project Number:			Project Name:			
Project A	ddress:					
Hydrant L	ocation:					
APPLIC	ANT INFORMATI	ON:				
Business N	Name:		Fax #			
Contact P	erson:		Phone #			
Email:			Cell #			
Billing Ade	dress:					
Mailing Ac	ldress:					
	Fees: \$2,500.00		posit for water flow meter assembly			
	9	6334.26 Bas	Base fee for water usage per month			

Prees:\$2,500.00Deposit for water now meter assembly\$334.26Base fee for water usage per month\$2.02Per 100 cf up to 1,000 cf of water used\$2.64Per 100 cf for 1,001-2,000 cf of water used\$3.16Per 100 cf for >2,000 cf of water usedBILLED ON A MONTHLY BASIS per the yearly fee schedule & utility rate

This permit authorizes water removal from this hydrant location only and may not be used for any other location.

- I understand, that the use of this meter and water is subject to the same collection and lien procedures under the law that regulates the water districts as provided in Sumner Municipal Code 13.24.
- I understand that the City of Sumner is not responsible for water quality after it leaves the City of Sumner hydrant and I agree to hold the City of Sumner harmless for any water quality problems that may occur after the hydrant.
- I further agree to protect the meter and the service where meter connects against damage and assume financial responsibility for the repairs made by such damage, or theft or loss of meter.
- In the event of failure to pay the billing in the time specified above, the below signed agrees to pay all costs of collection, including reasonable attorney fees and costs. If signing as a corporate official, the below signed agrees to be personally liable for the billing.

Authorized Applicant Signatu	Date:				
Public Works Engineer Appr	Date:				
	For O	ffice Use			
Hydrant Meter Location:					
	Ending Rea	.d:	c.c.f		
Meter Serial #	Initial Read	:		c.c.f	
	TOTAL US	SAGE:	c.c.f		
Installed by:	Date:	(	Condition:		
On-side project personnel:			Title:		
On-site contact number:					
Removed by:	Date:	(	Condition:		
	ON CHECKLIST	INITIAL	DATE		
Forward to PW Sh	iops				
Forward to PW Sp	pecialist				
Forward to Financ	e				