



City of Kalama

Incorporated 1890



PORTABLE HYDRANT METER RENTAL

Name/Address: _____

Phone: (_____) _____

Property Served: _____

Owner of Property: _____

Deposit Paid: _____

Receipt No. _____

Date Installed: _____

Reading: _____

Date Removed: _____

Reading: _____

Total Bill: _____

Date Paid: _____

Deposit Returned: _____

Check No. _____

I understand that I will not receive the hydrant meter rental deposit until the meter has been returned and the water bill has been paid. I will be responsible for any damages to the meter. If the bill is not paid, a lien will be placed on the property to which the water was served.

Name

Date