

CITY OF ELGIN HYDRANT METER AGREEMENT

COMPANY INFORMATION

COMPANY NAME: _____

STREET: _____ CITY: _____

ST.: _____ ZIP: _____ PHONE: (_____) _____ - _____ EXT: _____

JOB LOCATION: _____

CITY CONTACT NAME (for city project) _____

ALL METERS MUST BE RETURNED TO THE METER SHOP LOCATED AT 2 SLADE AVENUE BEFORE NOVEMBER 1ST, UNLESS PRIOR ARRANGEMENTS ARE MADE.

CLOSED FOR LUNCH FROM 12:00-1:00PM.

THE CUSTOMER HEREBY UNDERSTANDS AND AGREES THAT IT WILL BE RESPONSIBLE FOR ANY THEFT, LOSS OR DAMAGE TO THE METER AND ALL WATER USAGE INCURRED.

DATE RECEIVED ____ / ____ / ____

CUSTOMER SIGNATURE

PRINT NAME

CITY EMPLOYEE SIGNATURE

DATE RETURNED ____ / ____ / ____

CUSTOMER SIGNATURE

PRINT NAME

CITY EMPLOYEE SIGNATURE

METER INFORMATION (office use only)

**1 – IN. = \$76.17/Month or \$2.54/Day
for as long as the meter is out.**

SERIAL NO.: _____

READ: START: _____ 100 CU. FT.

ENDING: _____ 100 CU. FT.

TOTAL 100 CU. FT.: _____ X

748 = _____ GALLONS

DEPOSIT INFORMATION (office use only)

1 – INCH METER \$ 300.00

WATER (1 Month Estimated Usage) \$ 300.00

HYDRANT WRENCH \$50.00 \$ _____

TOTAL DEPOSIT \$ _____

CITY CONTRACT ____ YES ____ NO

BILLABLE USAGE ____ YES ____ NO

CHECK NO. _____

ROUTE TO:

____ WATER BILLING

____ WATER ACCOUNTABILITY (non-chargeable accounts)

