



Portable Hydrant Meter

Name(s): _____ Phone: _____

Company Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Placement Date Needed: Immediately Future Date: _____

Placement Address- *Please be specific as to location, including address or cross streets.*

If renting meter for a City of Camas project, please provide the project number as well as the title of the project.

City Project Number: _____ Title of Project: _____

Operating Instructions: _____(initial)

- All public and private property must be protected while the hydrant is in use.
- Meters must be protected from freezing. The City reserves the right to remove meters during freezing conditions.
- Operation of the hydrant is prohibited. Only City of Camas Water Dept. personnel can operate public hydrants.
- The hydrant and the mainline valve are not to be operated without express permission of the City.

I understand that I will not receive any refund of the rental deposit until the meter has been returned and the appropriate fees have been deducted. I will be held responsible for any damage to the meter or hydrant due to negligence while I am renting it, and will be invoiced for any necessary repair or replacement. If my deposit does not fully cover the rental and/or damage costs, I will have 60 days from the date of billing to pay the remaining balance or the City will turn the balance over to a collection agency.

Applicant Signature

Date

<i>City Use:</i>		
Deposit Paid: \$ _____	Receipt#: _____	Ref. / Check #: _____ Staff: _____
Meter Make/Number: _____	Chapman: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Installed: ___/___/___	Read: _____	Staff: _____
Date Removed: ___/___/___	Read: _____	Staff: _____