



7018 Pine Street* P.O. Box 9 *Hughson.CA 25326 * Phone (209) 883-4054 Fax (209) 883-2638

PUBLIC WORKS HYDRANT WATER METER REQUEST FORM

DATE CHECKED OUT: _____ Estimated Date of Return: _____

JOB LOCATION: _____

LOCATION OF METER: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME/NUMBER: _____

The Hydrant Water Meters are checked out from and assigned by Public Works. The Hydrant water meters are to be returned when the job is completed. The City of Hughson will read the Hydrant Water Meter on a monthly basis, record those readings and charge the appropriate rate for usage.

Signature of responsible party: _____

*****For Office Use Only*****

Signature of person returning the Meter: _____

Deposit Fee Amount per Hydrant Water Meter is \$2,000.00. Check #: _____

Date Returned: _____ Hydrant Water Meter Serial #: _____

Beginning Read: _____ Ending Read: _____ Gallons.

Total Usage: _____ x \$2.21 per 1,000 gallons used: _____ Refund / Bill

GL: 240-2410-45144 City Staff completing this form: _____
Water Revenue Construction