



City of Asotin

Phone: 509-243-4411 PO Box 517 121 Cleveland Street Asotin WA 99402 Fax: 509-243-1223

BULK HYDRANT WATER METER AGREEMENT

Date: _____

Name: _____ Company Name: _____

Billing Address: _____ City _____ State _____ Zip _____

Contact Phone #: _____ Contractor License # _____

Beginning Meter Reading #: _____ Ending Meter Reading #: _____

Total Water Used: _____ Service Start Date: _____ Service End Date: _____

Please Remit to:

City of Asotin
121 Cleveland St
PO Box 517
Asotin WA 99402

Hydrant Meter & Backflow Preventer Use Fee (non-refundable)

\$325.00

Minimum Charge (first 1000 cubic feet)

\$27.93

Excess Water after the first 1000 cubic feet

_____ Divided by 100 x \$1.50= _____ **100 Cubic or 748 gallons**

Storage Tank \$20.00x _____ day = \$ _____

9% Utility Tax on Excess Water \$ _____ x 9%= _____

Total Due: \$ _____

Amount Paid: _____

Date Paid: _____

Check #/Cash _____

If the hydrant meter or water main is damaged, the Contractor is responsible and will pay to replace or repair damaged Equipment. Damage Costs to be determined by Maintenance Supervisor if any.

Signature of Owner or Authorized Representative

Date

Print Name

By signing this document you are agreeing to abide by the water service rules and regulations adopted by the City of Asotin Ordinance 2013-767.