



CITY OF COEUR D'ALENE WATER DEPARTMENT
3145 N Howard Street
COEUR D'ALENE ID 83815
208-769-2210
FAX 208-769-2336

PORTABLE STATION APPLICATION

DATE _____ Customer _____
Account _____

NAME _____

ADDRESS _____
(confirm this is correct for mailing)

CITY _____ STATE _____ ZIP _____

CONTACT _____ OFFICE _____
PHONE _____ PHONE: _____

LOCATION _____

DAMAGE DEPOSIT	\$2,500.00	AMOUNT \$	\$2,600.00
INSTALLATION/MAINTENANCE FEE (non-refundable)	\$100.00	CHECK #	_____
ADJUSTMENT(S)	\$ _____		
* Deposit & fee due when application is made * Deposit may be forfeited if station is damaged * Additional set-up fee for 2nd & subsequent requests to move station = \$54.00 per move * Charges will be assessed for damage of stations caused by improper use * Billing will be monthly for usage at a rate of \$1.10 per 1000 gallons * \$25.00 will be billed monthly on the 1st of each month for the previous month's station rental (no pro-rating)			

The undersigned representative confirms compliance with the above requirements.

Signature _____

Printed _____

<u>OFFICE USE ONLY</u>		UNIT # _____
INSTALLATION DATE: _____	HYDRANT NUMBER: _____	
CHAINED: Y N		
WORK DONE BY: _____	METER READING: _____ (begin)	
UNINSTALLED DATE: _____	METER READING: _____ (end)	
WORK DONE BY: _____	Inspected by: _____	