



**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 3rd & subsequent requests to move station = \$47.00 per move
- \* Charges will be assessed for damage of stations caused by improper use
- \* Billing will be monthly for usage at a rate of \$1.05 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 \_\_\_\_\_

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