



**CITY OF BELLEVUE
UTILITIES DEPARTMENT**

**MONTHLY CERTIFICATE
QUANTITY OF WATER TAKEN FROM HYDRANTS**

Permit Number: _____ Issued Date: ____/____/2016 Expires: **12/31/2016**

Business Name: _____ Business Phone: _____

Reporting Period: From ____/____/____ To ____/____/____ Tank Capacity (gallons): _____

Monthly certificate of water usage must be submitted by the 15th of each month, even if no water is taken.

	Date Water Taken	Gallons Taken	Name of Operator	For Office Use/ 100's CF
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total Gallons:			Consumption:	

NO WATER USED

The undersigned hereby certifies that the following is an accurate, true and correct statement indicating the Quantity of water taken from the City of Bellevue's fire hydrant (attach additional sheets is necessary).

Print Name: _____ Signed Name: _____ Date Submitted: ____/____/____

***** This certificate must be returned to the City of Bellevue Utilities Department by the 15th of every month. Failure to submit this monthly certificate will generate a maximum billing charge for water usage which may exceed actual usage. *****

Mail or Fax to: City of Bellevue
Utilities RMCS
Attn: Elvie Muya
P.O. Box 90012
Bellevue, WA 98009-9012
425-452-6989 (phone)
425-452-5214 (fax)