



**CITY OF BELLEVUE
UTILITIES DEPARTMENT**

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

Permit Number: _____ Issued Date: ___/___/___ Expires: **12/31/2011**
 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:	

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)