



Office of Utilities
215 S. Broadway, Louisburg, KS 66053
913-837-5371 · louisburgkansas.gov

Fire Hydrant Meter Usage Agreement

Date: _____

Projected Date to Return: _____

Billing Information:

Company Name: _____

Company Address: _____

Contact Person _____

Company Phone: _____ Fax: _____

Equipment Issued:

Hydrant Meter Meter #: _____

Hydrant Wrench Yes _____ No _____

Hydrant Hose: Size: _____ Length: _____

Beginning Reading: _____

Ending Reading: _____

Total Water Usage: _____

Deposit of \$150 paid by: Check: _____ Cash: _____ Credit Card: _____

Contractor's Signature

Contractor's Printed Name

City Employee's Signature

City Employee's Printed Name

Deposit will be refunded upon return of equipment less damage and/or loss of equipment.