



Fire Hydrant Meter Program
PO BOX 568 rm1026, Albuquerque NM 87103
Phone (505) 768-3647 – Fax (505) 768-2882

FIRE HYDRANT DEPOSIT AGREEMENT

Account Number: _____

Applicant Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

I understand that the deposit paid on this account will be applied to the final billing when the meter is returned. I further understand that the remaining amount of the deposit will be refunded to me at the address listed on our W-9. If the final billing exceeds the deposit amount, I understand that I am responsible for remitting the difference to the Albuquerque Bernalillo County Water Utility Authority.

ACKNOWLEDGED BY:

Applicant or Representative

Date

Water Authority's Representative

Date

