CITY OF STEVENSON APPLICATION FOR HYDRANT WATER USE

Please provide the following information for billing purposes:

COMPANY	NAME	NAME OF AUTHORIZED CONTACT
MAILING A	ADDRESS	
CITY, STA	TE, ZIP	
PHONE NU	UMBER	E-MAIL ADDRESS
		ICENSE #/CAPACITY/COUPLER SIZE REQUIRED BC WA/1000 gallon capacity/2 ½" coupler)
	T WATER PURCHASE At wise approved by the Pub	GREEMENT (Hydrant Meter will be installed for 5 business days, c Works Director):
Requested I	Placement Date/_	Requested Removal Date/
Pursuant to	Resolution #2024-432, co	ets to purchase hydrant water are as follows:
	Application fee Consumption in excess	\$100.00 (includes 1st 400 ft ³) f 400 ft ³ \$ 0.059/ft ³
from a fire h completely a claims attrib	nydrant is not designed to and freely accepts this ris	being purchased is in an untreated condition and that water obtained rovide water for human consumption. Applicant knowingly, and agrees to hold the City of Stevenson harmless from any and all rehase, and from any illness or injury which might arise directly or r the use of the hydrant.
loan. The for ALL DAMA BELOW YOOCCUR BY	ollowing instructions mus AGE TO YOU, THE CIT OU AGREE TO HOLD T	drant meter, applicant acknowledges that this equipment is on be followed. YOU ARE ASSUMING ALL RISK FOR ANY AND 'S PROPERTY OR PRIVATE PROPERTY AND BY SIGNING IE CITY HARMLESS AGAINST ANY DAMAGE THAT MAY ETERING DEVICE AND/OR THE HYDRANT, including, without r.
1. 2. 3. 4. 5. 6. 7. 8. 9.	Use only a hydrant wren When a hydrant is to be prevent leaking at drain Never leave hydrant ope Never leave wrench or l Never leave caps off hy	lowly to prevent water hammer. th to open and close (no pipe wrenches). used for an extended period of time, it must be opened all the way to ole. used when not in use. use or meter on hydrant overnight or unattended. trant under, it must have an approved back flow device or Air Gap.
	f Authorized Representati	

located at ______ PW Director Signature_____