

**SQUAW VALLEY PUBLIC SERVICE DISTRICT
FIRE HYDRANT AND METER USE PERMIT**

Date: _____ District Customer Acct: _____
Project Name: _____
Contractor: _____ Phone #: _____
Billing Address: _____
Hydrant Operator: _____ Phone #: _____
Street _____
Location: _____
Nearest Intersection: _____
Estimate Daily Use: _____
Description of Usage: _____

HYDRANT METER INFORMATION:

ADDITIONAL EQUIPMENT SUPPLIED:

Meter Number: _____ Adapter?: _____ Size: _____
Meter Make: _____ Valve?: _____ Size: _____
Begin Read: _____ Date: _____ Equipment Returned-Date: _____
End Read: _____ Date: _____ Inspected by: _____
Meter/Hydrant inspected, returned in good condition:
Meter/Hydrant found damaged - Description: _____

DEPOSIT INFORMATION:

Amount of Deposit: _____ Cash Check# _____

AGREEMENT: As Contractor or Agent of Contractor for the above project, I understand that this Permit is immediately canceled if:

- Water is found running continuously.
- Damage is done to the hydrant.
- Hydrant is not left in serviceable condition for calls during non-working hours.

Fire Hydrant or Temporary Water Service Fees:

| | |
|---------------------------------------|---------------------------|
| Fire Hydrant Meter Deposit = | \$250.00 |
| Temporary Connection Fee = | Actual Cost to District |
| Consumption Fees: | \$5.50/1,000 Gallons |
| Minimum Permit Admin. chg.= | \$ 50.00 |
| Meter Rental Fees and/or Hydrant Use= | \$ 7.50/wk. (1 to 7 days) |

I understand that I am responsible for any damage done to either the hydrant or the meter during the period of use under this permit. I agree to pay for any replacement or repair parts, including labor, for damages found upon inspection by Squaw Valley Public Service District. I agree that the above deposit shall be applied to fees due for meter rental, water use fees and administrative fees shown above and per Schedule A of District Water Code, or any damages found upon inspection. Charges not covered by the deposit will be paid within 30 days of billing date. Interest is charged at 1% per month on all balances until paid in full. Rebilling fees are \$10.00 charged for each notice

Signature: _____ Date: _____