AUTHORIZATION FOR USE OF HYDRANT WATER METER
City of Santa Clara Water & Sewer Utilities
Phone:(408) 615-2000 FAX (408)247-0784

_____ requests authorization to use a portable hydrant
(Responsible Party's Name)
water meter.

Type of Work to be Performed:_____
_____
_____

Will water used be discharged into sanitary sewer system? Yes ____ No ____

Will the supply hose leading from the hydrant to the site be physically connected to construction equipment and/or batching plants? No ____ Yes ____ (The appropriate sewer use charge will be assessed for water discharged into the sanitary sewer.)

Dates of Work	**Location of Work**
_____	_____
_____	_____

Responsible Party must keep a legible copy of this form with the portable hydrant meter.

Responsible Party must return this portable hydrant meter to the Water Department at 1705 Martin Avenue upon completion of Work stated above.

** Signed:_____ _____
(Responsible Party's or Representative's Signature) PLEASE PRINT NAME

Responsible Party's Billing Name: _____
Address:_____
City:_____ State: _____ Zip:_____
Federal Tax I.D. or Responsible Party Driver's License # (if private party): _____
Responsible Party's Phone Number: _____
Site Supervisor's Cell Or Pager Number: _____
****

FOR CASHIER'S USE ONLY:

Receipt #_____ Date: _____ Cashier's Initials:_____

Transferred Date: _____ Customer #: _____
****

Backflow Prevention Needed: YES ____ NO ____

APPROVED:_____ Date: _____
Water & Sewer Utilities Representative

** By signing this application, the applicant acknowledges receipt of a copy of the "General Information on Water from Fire Hydrants" and accepts the conditions thereof.

FORM DISTRIBUTION: WHITE - Water City Hall, YELLOW - Utility Services Cashier, PINK - Meter Shop, GOLDENROD -Responsible Party