

**CITY OF CHEHALIS
DEPARTMENT OF PUBLIC WORKS
HYDRANT METER APPLICATION**

Applicant: _____ Telephone # _____

Billing Address: _____

Street Address of Service: _____

Vehicle License # _____ Backflow device verification: _____

Allow ONE (1) full workday for hydrant meter installation from the date hookup fees are paid. A Right-of-way permit must be obtained by a licensed contractor prior to the performance of any work within the city right-of-way.

I UNDERSTAND AND AGREE TO PAY ALL COSTS, FEES AND CHARGES ASSOCIATED WITH THE HYDRANT METER AND WATER USAGE, AND AGREE TO ALLOW THE CITY TO TEMPORARILY DISCONTINUE THE SERVICE AT ANYTIME WITHOUT NOTICE. I ALSO AGREE TO HOLD THE CITY HARMLESS FOR ANY DAMAGE CAUSED BY INTERRUPTION, CHANGE OR FAILURE OF THE WATER SUPPLY, AND I FURTHER AGREE THAT SUCH FAILURES OR INTERRUPTIONS FOR ANY REASONABLE PERIOD OF TIME WILL NOT BE HELD TO CONSTITUTE A BREACH OF AGREEMENT ON THE PART OF THE CITY OR ANY WAY RELIEVE THE CUSTOMER FROM PERFORMING THE OBLIGATIONS OF THIS OR SUBSEQUENT AGREEMENTS. I AGREE TO ABIDE BY THE RULES AND REGULATIONS AS CONTAINED IN THE CITY WATER/SEWER ORDINANCES AND AGREE TO PAY FOR WATER USAGE AS SPECIFIED IN THE CITY ORDINANCES AND DETERMINED BY THE PUBLIC WORKS DEPARTMENT.

NO CONTRACT IS ENTERED INTO BY THE APPLICANT AND THE CITY OF CHEHALIS UNTIL AFTER THIS APPLICATION HAS BEEN APPROVED AND SIGNED BY THE DIRECTOR OF PUBLIC WORKS OR HIS REPRESENTATIVE, AND ANY AND ALL INITIAL FEES HAVE BEEN PAID.

THE CITY MAY REQUIRE THE DISCONNECTION OF SUCH HYDRANT METER DURING FREEZING AND/OR POTENTIALLY FREEZING WEATHER.

INSTRUCTIONS FOR OPERATING A HYDRANT: Remove cap from port; see that independent shut-off valve is closed, attach hose. Turn main stem until valve is WIDE OPEN; hydrant is then ready for use. To control flow of water, operate independent shut-off valve, but leave main valve stem alone until through with the use of water. To discontinue use of water, TURN OFF MAIN VALVE and then turn off independent valve; remove hose connection and replace hydrant cap. USE A HYDRANT WRENCH ONLY. CAUTION, DO NOT USE HYDRANTS WITH A RED BAND AROUND THE HOSEPORT CAP.

I AGREE TO USE DUE CARE IN OPERATION THE HYDRANT AND UNDERSTAND I WILL BE RESPONSIBLE FOR ANY AND ALL DAMAGE OCCURRING TO THE HYDRANT OR ANY PART OF THE EQUIPMENT CONNECTED THEREWITH.

PRINT NAME SIGNATURE

DATE

DEPARTMENTAL USE ONLY

Hydrant Meter Deposit	\$ _____	Date Paid: _____
Installation Charge	\$ _____	Check # _____
Removal Charge	\$ _____	Total Paid \$ _____

Remarks: _____

Approved by: _____ Date: _____
Director of Public Works or Duly Appointed Representative

WATER CONSUMPTION FROM CITY HYDRANT

1. <u>Hydrant Meter Rental</u> METER # _____	2. <u>Hydrant Meter Readings</u>
Beginning Rental Date: _____	Beginning Reading: _____
Ending Rental Date: _____	Ending Reading: _____

Remarks: _____

