Water Resources Department

REQUEST FOR HYDRANT METER

Please answer all information completely.

Completed applications will be reviewed in a timely manner, **not to exceed 48 business hours.** Submittal of request does not guarantee authorization of a hydrant meter. Fax completed application to Water Resources at 623-333-0440/Attn: Leonard Moreno, or by email to veicero@avondale.org or by email to lmoreno@avondale.org. Your application will be returned to the fax number or email provided on this form. Take approved form to Finance Department at 11465 W Civic Center Drive, Suite 260, Avondale, AZ 85323.

Fees:
- $1,000.00 Deposit
- $ 50.00 Installation Fee
Total: $1,050.00

Date: _______________  Time application was faxed/emails: _______________

Company Name: __________________________________________________________

Company Contact: __________________________________________________________

Phone #: ___________________________  Fax #: ___________________________

Email: ________________________________________________________________

Project Name: ____________________________________________________________

Project Location: __________________________________________________________

Hours of operation (for water usage): _________________________________________

Duration of project (for water usage): _________________________________________

Brief description of project: ________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Approximate usage per day (gallons): _________________________________________

Additional information pertinent to your request (if applicable): __________________

_________________________________________________________________________

_________________________________________________________________________
Conditions of Hydrant/Hydrant Meter Use:

1. Hydrant meters shall be used only at designated City fire hydrants (map will be provided at the time the meter is set).
2. Hydrant meters shall be made available for reading at the end of each month.
3. Hydrant will not be operated without one of the following forms of backflow prevention in place:
   a. Reduced Pressure Backflow Assembly (RPBA), provided by the contractor and installed at the meter. Assembly must be tested on site at time of delivery of meter. (Current Backflow Test Report to be reviewed by the City CCCS prior to hydrant being operated.)
   b. An Approved Air Gap on the water truck being filled (Current Water Truck Inspection Report to remain in the truck)
   c. Permanently installed RPBA on the truck being used (Current Backflow Test Report to be filed with the City CCCS and a copy to remain in the truck)

   Please make arrangements for a Certified Backflow Assembly Tester to be on site at the time the meter is delivered.
4. All trucks being used to transport water are subject to an annual inspection by City personnel. Please call 623-333-4456 to schedule the inspection at least 24 hours prior to planned use of the hydrant.
5. Control water flow on the Hydrant Meter Gate Valve Only.
6. Contractor will be responsible for any damages or theft of meter.

I have read and agree to the conditions of use: ________________________________

                     (Contractor Signature)                        Date

<table>
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<tr>
<th>Approved</th>
<th>City Use Only</th>
<th>Rejected</th>
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______________________________

CCCS Approval

______________________________

Comments (if approved): ________________________________

______________________________

Return completed Application to Water Resources:

   • By Fax: 623-333-0440, ATTN: Leonard Moreno
   • By Email to vcicero@avondale.org or
   • By Email to lmoreno@avondale.org


9.29.2016
HYDRANT METER APPLICATION

Today’s Date: ________________________ Service Start-Up Date: ____________________

1. ACCOUNT NO. (Assigned by Water Billing): __________________________________________

2. NAME (Party Responsible for Payment): ____________________________________________

3. SERVICE ADDRESS: _____________________________________________________________

4. MAILING ADDRESS (If Different from Above):

__________________________________________ Street Address

__________________________________________

City State Zip

5. Phone (Where you can be reached – REQUIRED): _________________________________

OTHER INFORMATION

Employer Tax I.D. No: ________________________________

__________________________________________

Signature

ALL OF THE ABOVE INFORMATION IS SUBJECT TO INDEPENDENT VERIFICATION

For any further information, please call (623) 333-2005

HYDRANTS Deposit ------
- $1,000.00

Service Fee ------ $50.00
(MAY TAKE 4-5 DAY TO RECEIVE HYDRANT METER)