Receipt No. _____

Orange Vale Water Company

WATER USE APPLICATION/PERMIT NO. _____

Permit Date: _____

Name: _____ Telephone No.: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code:

Location of Work: _____

Location of Fire Hydrant: _____

Instructions to Applicant

- A $ 3,000.00 deposit is due at time of application, plus $ 5.00 a day Will pro-rate if under one month).
- Metered rate charges are based on $ 2.28 per unit (Unit = 100 cf = 748 gallons).
- Hydrant meter is to be returned immediately to the office upon completion of job.
- A refund or billing will be generated as needed.

Applicant Requirements

1. Hydrants must be opened and closed with an approved fire hydrant wrench.
2. Hydrant caps must be replaced on hydrant when not in use.
3. Meter must be in place during filling operations or applicant hereby agrees to forfeit deposit.
4. User is responsible for any damages to the fire hydrant and meter and is responsible to report any damages immediately.
5. This permit expires One (1) Month from date of issue. User must pay for all charges due at expiration.
6. Meter rental and water usage fees shall be based on the rate in effect at the time the permit is closed.
7. A copy of the permit must be carried in the vehicle drawing water at all times.

I have read the requirements of the Orange Vale Water Company in connection with the use of fire hydrant water and agree to fully comply with these requirements.

The Permittee shall defend, indemnify, and hold harmless the Orange Vale Water Company, its officers, employees, and agents from and against all claims or liabilities for injury to persons and/or damage to property arising out of the issuance of this permit or resulting from omissions by Permittee, its officers, employees, agents, or contractor in connection with this permit.

Applicant's Signature: _____ Print Name: _____

Issued By: _____

Charges:

Deposit Amount	$ 3000.00	
Usage Charges	_____	(_____ x $ 2.28 per 100 cf)
Daily Rental Fee	_____	(_____ x $ 5.00 per 100 cf)
Damage/Replacement	_____	
Deposit Refund Amount	_____	
Amount to Bill	$ _____	

For Office Use Only

(To be completed by Office Staff and routed to Finance and Field Office)

Check Out Date: _____ Meter Serial No: _____

Return Date: _____ Meter Serial No: _____

Condition at Issue: _____ At Return: _____

Start Reading: _____ By: _____ Date: _____

End Reading: _____ By: _____ Date: _____

Comments: _____

(White) Office (Yellow) Finance (Pink) Permittee (Green) Field Office