



Account #: \_\_\_\_\_

Office Use Only

# Hydrant Use Application

**PWSD #12**

304 N. Ranson Rd.  
Greenwood, MO 64034  
816-537-6856  
jacowater12.com

Company:

Name of Authorized Agent:

Billing Address:

City:

State/Zip:

Tax ID or Social Security Number:

Work Phone:

Cell Phone:

Email:

**Purpose for Use:** *Please Select One.*

- |                                       |                                       |   |                                       |
|---------------------------------------|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Irrigation   | <input type="checkbox"/> City Maintenance   | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Hydroseeding | <input type="checkbox"/> Dust Control | <input type="checkbox"/> Fill a Tank/Tanker | <input type="checkbox"/> Other        |

**Note: Cannot be used to fill swimming pools. Cannot attach a garden hose.**

**Applicant agrees to the following conditions of this Rental Agreement:**

- Comply with the District's date, time, and location requirements to draw water as stated in this Rental Agreement.
- Pay for all water usage as registered through the Hydrant Meter.
- Pay District for any damage caused to the Hydrant Meter and/or Fire Hydrant.
- Pay District for any repairs required to the system infrastructure caused because of improper operation, including but not limited to Water Hammer.
- Publicly display Hydrant Usage Permit while making a draw and have available to readily present at the request of District personnel.

**Signed:**

**Date:**

**The District requires a deposit of \$200 (cash, check, money order, or cashier's check) at time of pick up. Deposit refunds are processed within thirty (30) days of return of equipment minus water use charges and cost of repairs, if needed.**

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## **Draw Information:**

Address/Location:

Hydrant Zone:

Hydrant Number:

Dates Allowed:

From:

To:

Times Allowed:

From:

To:

Meter ID#:

Type:  Standard  Backflow

Deposit Amount:

Date Out:

Beginning Read:

Date In:

Ending Read:

Total Usage:

Amount Due/Refund:

Check #:

## **Hydrant Usage Permit Information:**

Permit Number:

Issue Date:

Expiration Date: