| | he Metropo | litan Distri | ct | Year 2011 |
|----------------------------------------------------------------|---------------------------------------|-------------------------|------------------------|---------------------------------|
| | oplication and Tra emporary Hydran | | ent for Installa | tion of a |
| | inportary riyuran | | IDC Application Nur | nber: 2011- |
| This section t | o be filled in by Appli | | | |
| Name: | | | | |
| Address: | | | Date: | |
| | | | Anticipate | d Installation Date: |
| For what purpo | ose will meter be used? | List all uses. | | Removal Date: |
| | Road/Construction C | ontractor | igation/Farming | |
| | Landscape Contracto | or O | ther (specify) | |
| Location where | e meter will be installed: | | | street |
| Location where | | | | nearest intersecting street |
| | | | | Town |
| | | | | |
| Work Phone# | | | Emergency # : | |
| Cell Phone # : email address: | | Fax #: | d phopo # during do | . <u>.</u> |
| email address. | | | d phone # during da | y |
| Signature of ap | oplicant Certifies that a | plicant has read an | d will comply with P | ublic Health Code Cross |
| Connection Re | gulation 19-13-B37, 19 | -13-B38a and Distri | ct guidelines for safe | e operation of hydrant use. |
| Applicant MUS | T notify The Metropolita | an District prior to re | moval of hydrant m | eter. |
| Signed by: | | | | Date: |
| T 1 is a solitor of | | er signature | 0 <i>i</i> D | |
| This section t | o be filled in by Comn | nand Center/Custo | omer Service Depai | tment: |
| Date: | Mete | r Number: | Initial Met | er Reading: |
| Non-re | fundable \$1000 permit/ | inspection fee, plus | an additional \$1500 | hydrant meter deposit |
| | | _ | | |
| Number: | | Document numb | er: | |
| Signed by: | | | | |
| | Manager of Custome | r Services or Desia | nee | |
| | | g | | |
| | - | | on/Technician (if b | ackflow prevention is required) |
| Date of Test: Tag # | | Installed by: | | |
| rag # | | _ | | |
| Did device pas | s test? | | YES | NO |
| Approved for L | | | Data: | |
| Approved for Use: Date: Cross-Connection Technician/Liaison | | | | |
| | | | | |
| Approved mo Date: | ving of hydrant meter | : | | |
| Location to: | | street | | |
| nearest intersecting street | | | | |
| Town | | | | |