



City of Dayton
Department of Water
 320 W Monument Ave
 Dayton, OH 45402
 937.333.3725

HYDRANT METER USE PERMIT

Applicant Name: _____

Contact Person: _____

Telephone: _____

Address: _____

Location: _____

Proposed use: _____

Estimated Period of Use: _____

Minimum use 7 days - Maximum use 12 months – **All meters are to be turned in by Dec. 1 each year**

<u>Meter Fees</u>			
Meter Size	City Use	County Use	Deposit*
5/8"	\$5.00	\$5.50	\$200.00
3"	\$80.00	\$88.00	\$1200.00
Total Amount Due: _____			
<i>*Deposit includes a required \$100.00 fire hydrant wrench deposit.</i>			

Declaration by Applicant:

I/we, _____, will take full responsibility in seeing that only the City of Dayton fire hydrant wrench provided is used during any operation of said hydrant. I/we also understand that I/we will be billed actual cost for any damage imparted, repairs or replacement needed to the fire hydrant, or meter, as result of my/our use. I/we understand the inherent danger of using fire hydrants, and I/we shall indemnify and save harmless the City of Dayton from all claims or damages resulting from the use of said hydrant. The meter will be made available for reading every month. Failure to do so may result in the termination of hydrant use. I/we also understand that the City of Dayton can request return of the meter and wrench at any time, failure to do so may result in the restriction of future use, possible fines, and or forfeit of deposit. Regular/Final bill includes consumption and daily meter charges.

A list of any additional hydrants used must be provided to Water Engineering before use. A fine of \$100.00 may be assessed if Water Engineering is not notified of a location change.

Applicant: _____

Date: _____

Applicant's Signature

NOTE: Call hydrant repair supervisor at 333-4909 if fire hydrant is damaged prior to use. Deposits will be returned after the meter, hose and wrench have been returned, it has been determined that no damage was done to the fire hydrant, and the final bill has been paid.

Meter Make _____	# _____	Set Read _____	Date _____
Return Read _____		Date _____	
This is Your Receipt - Retain for Your Records			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Check Number: _____	Receipt Number: _____
Received By: _____		Date: _____	
<i>(This signature indicates permit approval)</i>			

If you experience problems with operating the Fire Hydrant, call 333-4909 or 333-4900.

cc: customer, accounting, file (original), cra