



AWWU Fire Hydrant Use Permit

PERMIT #
ACCOUNT #
DEPOSIT #

The following information is required before a Fire Hydrant Use Permit will be issued (AWWU Water Utility Tariff #3, Rule 15.5B). Please complete this application prior to requesting a meter installation inspection. Failure to follow the proper Meter Start-Up Procedures listed on the back of this permit may cause meter and/or mainline damage resulting in additional charges to your account.

Billing Name _____
 Mailing/Billing Address _____ Zip Code _____
 Physical Address _____
 Contact Name _____ Phone Number _____
 Vehicle Make/Model _____ Color _____ License No. _____

Nature of Job (Construction, landscaping, etc.) _____
 Estimated quantity to be used per month _____
 (Divide last year's total by number of months)

TYPE OF PERMIT			
<input type="checkbox"/> SUMMER USE ONLY		<input type="checkbox"/> WINTER USE ONLY	
Summer Locations:	See Hydrant List	Winter Location:	Hydrant #2431-004 ONLY (East of Kings St on E 94 th Ct) Between the hours of 6:30 am – 4:00 pm (Monday thru Friday)
Permit Expires:	October 1 st	Permit Expires:	May 1 st

****PERMIT NOT VALID UNTIL VEHICLE IS INSPECTED BY AWWU****

- To the fullest extent permitted by law, the permittee shall indemnify, defend, and hold harmless the Municipality, AWWU, and their agents and employees, from and against all claims, damages, losses, and liabilities, including violations or alleged violations of the ADOT & PF utility permit, arising or resulting in whole or in part, from the performance of work pursuant to this permit.
- The undersigned will be held responsible for all Hydrant Use billings.
- All Deposits will be applied to your account upon meter return and inspections.
- I have read the above applications and know the contents thereof; the same is true and correct. I further agree that the above work will be done in accordance with all Federal, State, and Municipal laws and ordinances.

Name _____ Signature _____ Email _____
 Alaska Driver's License # _____ Alaska Business License # _____
 Pd _____ Initials _____ Office Phone _____ Alt Phone _____

For Office Use Only

Date Issued _____	INSPECTION		
Meter Size _____	Backflow Prevention _____	<input type="checkbox"/>	Inspected By _____
Meter # _____	1 ½ GV for Hydrant	<input type="checkbox"/>	Inspection Date _____
MIU _____	1 ½ GV for Tanker	<input type="checkbox"/>	Comments: _____
Start Read _____	Meter Install Correctly	<input type="checkbox"/>	
Final Read _____	Regulation Hydrant Wrench	<input type="checkbox"/>	
Return Date _____			