



## CITY OF PORT ALBERNI PERMIT TO USE CITY FIRE HYDRANTS

This permit authorizes \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

To operate and extract water from City of Port Alberni Fire Hydrants for the purpose of:

\_\_\_\_\_

Description of Fire Hydrant Location	Hydrant Number	Number of Days Connected

Additional Equipment Borrowed	Date Borrowed	Date Returned	Waterworks Operator

**HYDRANTS TO BE OPERATED ONLY BY THE INDIVIDUAL HOLDING THE PERMIT AND IN ACCORDANCE WITH INSTRUCTIONS FROM THE CITY WATERWORKS BRANCH.**

Instruction given by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Waterworks Operator

Hydrant Fee (\$25 per hydrant)	\$	Deposit Amt Refunded	\$
Connection Fee (\$10 per hydrant per day)	\$	Date:	
Equipment Deposit Cust # _____	\$ 100.00	Refunded by:	
<b>Total</b>		Comments:	
Receipt Number			
Receipt Date			

Permit issued the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Permit expires the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

I agree to comply with the terms and conditions of this permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Permit Issuer

**THIS PERMIT IS NOT TRANSFERABLE**