



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 DEPARTMENT.

Instruction given by: _____ Date: _____
Signature of Waterworks Operator

| | | | |
|---|-----------|----------------------|----|
| Hydrant Fee (\$50 per hydrant) | \$ | Deposit Amt Refunded | \$ |
| Connection Fee (\$10 per hydrant per day) | \$ | Date: | |
| Equipment Deposit Cust # _____ | \$ 100.00 | Refunded by: | |
| Total | | Comments: | |

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