



Receipt No. \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_

# City of Westport



## HYDRANT USE PERMIT

### Application / Agreement to Purchase Bulk Water

Application Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Billing Name (if different): \_\_\_\_\_  
 Billing / Mailing Address: \_\_\_\_\_  
 Billing Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### One Day Permit

The following hydrants: \_\_\_\_\_  
 are authorized for use on the following dates: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 Authorized user(s) \_\_\_\_\_

**The estimated amount of bulk water to be purchased is \_\_\_\_\_ gallons.**

The vehicle / vehicles to be used to transport the water are:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Signage: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Signage: \_\_\_\_\_

**Meter Reads: Beginning: \_\_\_\_\_ End: \_\_\_\_\_ Actual Usage: \_\_\_\_\_ gallons**

**OVER →**

**Rules and Regulations - (Refer to Westport Municipal Code #13.04.360)**

- ➔ **My signature below indicates I have read and agree to the following:**
- ➔ **No one except City Personnel is allowed to operate hydrant.**
- ➔ **Hours of operation: 7:00 a.m. – 4:30 p.m. AFTER 4:30 p.m. CALL-OUT FEE of \$50 WILL BE CHARGED.**
- ➔ It is the responsibility of the applicant to check the hydrant for any visible damage from prior use. If damage noted, immediately report that information to the Water office at 268-9865.
- ➔ The applicant will be charged for any damages resulting from improper use or operation of the fire hydrant and any property damage.
- ➔ Appropriate backflow prevention devices are mandatory.
- ➔ Unauthorized usage (not listed above): Minimum fee, plus estimated water used at triple rates.
- ➔ An auxiliary control valve **must** be used.
- ➔ Any auxiliary control valve over 3/4" requires use of a gate valve – **No Ball Valves**

Permit and instructions received by:

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print Name)

**APPROVED BY:** \_\_\_\_\_ (Water Department)

**I understand and agree to the following:**

**I am responsible for the use and condition of the following equipment (from the time it is installed and activated to the time it is secured and picked up by City Personnel). This responsibility includes all hours, not just hours the equipment is used. I am responsible for any change or loss; including, but not limited to vandalism and theft.**

**I understand and agree to the above:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Reference: City of Westport Ordinance Nos. 13.04.260 and 13.04.270**

**City of Westport  
Water Department  
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360-268-9865 Fax #: 360-268-1883  
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