



**CITY OF SANTA ANA
PUBLIC WORKS AGENCY**
220 S. Daisy Avenue, Building A
Santa Ana, CA 92703
(714) 647-3320

**FIRE HYDRANT METER
PERMIT NO.** _____

(Permit valid for six (6) months)

ROAMING Approved by _____

The permittee named below is authorized to obtain City of Santa Ana water at the following location:

_____ Estimated completion date: _____

Company Name: _____ Company telephone #: _____

Foreman's Name: _____ Telephone: _____ Email: . _____

Address _____ City Business License No: _____

ALL FEES ARE AS LISTED IN THE CITY'S MISC. FEE SCHEDULE. THE METER RENTAL FEE IS ASSESSED PER DAY REGARDLESS OF USE.
Deposits will be refunded upon return of undamaged meter and tools, after payment has been deducted for water used, and meter rental. All or part of the deposit may be forfeited for failure to pay any bill, or for failure to return wrench and/or damaged or lost meter issued to the permittee.

Paid in advance: Minimum meter rental fee is five days: \$ _____ (06017002-53725)

Refundable deposit for 3 inch meter: \$ _____ (06001001-24000)

Total Paid: \$ _____

I, the permittee, certify that I will comply with all provisions of the Municipal Code, particularly as outlined on this form, and I verify the initial meter read.

Signature of Permittee or Authorized Agent: _____ Received Returned Check Notice _____

Initials

Permit Issued By: _____ Date Issued _____

City forces will install hydrant meters within 48 hours at address shown above. Meters will be read every 60 days. Meters on hydrants may be removed by the Fire Department in an emergency. Use of hydrant without a meter or valve is evidence of theft of water. If a hydrant meter requires relocation, call 714-647-3320 and City forces will relocate meter within 48 hours. Permittee shall call to have hydrant meter picked up for a close out.

Meter No:	Initial Read/Date	Final read/Date	Total Usage:
_____	_____	_____	_____
Backflow Assembly MFG:	Model:	SN	
_____	_____	_____	
Fire Hydrant ID #:	Location:		
_____	_____		

Meter No:	Initial Read/Date	Final read/Date	Total Usage:
_____	_____	_____	_____
Backflow Assembly MFG:	Model:	SN	
_____	_____	_____	
Fire Hydrant ID #:	Location:		
_____	_____		

Comments: _____

RECEIPT:

FOR ADMINISTRATIVE USE ONLY

Total cost of water used: \$ _____; previously paid: \$ _____

Cost of Water Balance due: \$ _____

Total rental _____ days \$ _____; previously paid \$ _____

Meter Rental Balance due: \$ _____

Cost of meter and/or tools not returned: \$ _____

Total Balance due: \$ _____

Treasurer:

Transfer \$ _____ from Fund 06001001-24000 to Revenue Fund 06017002-53725 for water usage and rental costs.

Transfer \$ _____ from Fund 06001001-24000 to Revenue Fund 06617002-57011 for meter and/or tools not returned.

Refund \$ _____ from Fund 06001001-24000 to permittee or as otherwise specified above.

Bill \$ _____ to Fund 06017002-53725 for amount due that exceeds deposit amount.

Authorized by the Fiscal Approver of PWA: _____ Date _____