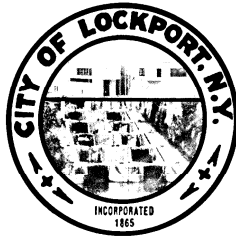


City of Lockport



Water Department

Administration Office
One Locks Plaza
Lockport, NY 14094
Phone (716) 439-6678
Fax (716) 439-6602

Filtration Plant
220 Summit Street
Lockport, NY 14094
Phone (716) 433-1645
Fax (716) 478-0533

Distribution Maintenance
220 Summit Street
Lockport, NY 14094
Phone (716) 439-6677
Fax (716) 478-0099

Application for Temporary Use of Fire Hydrant

Name of Company / Applicant (_____) Business Phone #

Physical Address; Street, City/Town, State, Zip

Mailing / Billing Address (If Different)

Hydrant # Location of Fire Hydrant

Approval of Water Distribution Supervisor / Designee / Condition Prior to Use /Initials / Condition After Use /Initials

Date (S) Fire hydrant is to be used

In consideration of the granting of this permit, the undersigned agrees:

1. To accept and abide by all provisions of the City of Lockport Fire hydrant use policy
2. To repay City of Lockport Water Department for any and all damages to the meter, back flow preventer, fire hydrant, or water main.
3. The Water Dept. will supply a meter and back flow preventer (See Fee Schedule). The user may use their own back flow preventer only with approval of the Water Distribution Supervisor / Designee.
4. ***Any issues / problems with a City fire hydrant must be immediately reported*** to the Filtration Plant Operator, (716) 433-1646 Ext. 1, who will notify the proper personnel to assist you.

Printed Foreman or Users Name (_____) Foreman or Users Emergency / Cell Phone #

Signed Foreman or Users Name

APPLICATION MUST BE FILED WITH WATER ADMINISTRATION OFFICE
NO FEWER THAN 5 (FIVE) BUSINESS DAYS BEFORE EXPECTED START DATE

Water Dept. Personnel Use Only

Application Date _____ Approval Date _____

LWD Equipment Used / Required & Fees

- METER - # _____ Fees Paid / Initials _____
- Hydrant Wrench - Fees Paid / Initials _____ Stand / Support Tube
- Back Flow Preventer - # _____ Fees Paid / Initials _____
- Users Own Back Flow Preventer - # _____ & Current DOH Cert. # _____
- Hydrant Use Permit - Fees Paid Date / Initials _____
- Hydrant Inspection - Fees Paid Date / Initials _____
- Water Usage - Fees Paid Date / Initials _____