



Hydrant Meter Permit

Application Date: _____

Applicant Name: _____

Contractor's Name: _____

Contractor's License #: _____

Mailing Address: _____ City/State/Zip: _____

Contact Information: Ph: _____ Email: _____

Business License #: _____

Location of Hydrant: _____

City Project Name: _____

Dates of Use: _____

Applicant agrees to pay for any damage caused to fire hydrant or meter. Upon return of the meter, an inspection must be conducted by the City of Oakdale Public Works Department to assess meter condition, or Applicant forfeits meter deposit. Meter must be returned by expiration date listed below or meter deposit is forfeited.

ANY modifications to the meter AND use of anything other than an approved hydrant wrench on fire hydrant will result in FULL FORFEITURE of deposit.

Applicant's Signature: _____ Date: _____

CITY USE ONLY

Starting CCF: _____ End CCF: _____ CCF Used: _____

Meter ID# _____ ERT ID# _____

Deposit required for meter check out – Final water use billing will be finalized by the Finance Department.

Meter Deposit Check #: _____ Meter Deposit: \$ 2,000.00

Meter Returned? Date: _____ Deposit Check Collected Date: _____

Meter Damaged? Permit Fee: \$ 50.00

All Fees Paid? Date: _____

WATER USAGE FEE

\$38.66 Monthly Fixed Rate + \$2.15 per CCF (100 Cubic Feet)

<p>Issuer (Print Name)</p> <p>Permit No.</p> <p>Expiration Date:</p>	<p>PUBLIC WORKS STAMP (Permit invalid if not stamped)</p>
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PERMIT TO REMAIN IN TRUCK AT ALL TIMES

APPLICATION FOR CONSTRUCTION WATER SERVICE

FINANCE DEPARTMENT - 280 N. THIRD AVE. OAKDALE, CA 95361

PHONE NO. (209) 845-3571 - FAX NO. (209) 847-6834

EMAIL: UTILITIES@OAKDALEGOV.COM

Today's Date: _____ Construction Meter # _____ ERT # _____

Processing - \$20 Fee – Billed to the account	Deposit Amount - \$2,000
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Applicant Information	
Name	
Mailing Address	
Federal ID#	
Primary Phone #	
Alternate Phone #	
Email Address	

Setup for E-Billing (Go Green, receive an email each month informing you that your bill is available to review online).

- *I understand that water service will be furnished and used with the rules, regulations, and ordinance of the City of Oakdale, and I further understand the City of Oakdale does not in any manner guarantee continuous delivery of water on demand nor does it assume any responsibility for damages which may occur due to an interruption of water delivery.*
- *I hereby guarantee payment of all costs for water services rendered to this property in accordance with this application and agree to immediately notify the City of Oakdale Finance Department of any changes to this account.*
- *I am hereby notified that a 10% Penalty will be assessed to my account if payment is not received by the due date (the 20th of every month).*
- *I further understand that I must comply with the regulation of the Department of Health, State of California, in the use of water and particularly the "Cross Connection Regulations."*
- *I understand every effort will be made to begin services on the requested start date, however, some orders may be held until the following business day.*

Applicant's Signature: _____