



200 Northern Concourse
P.O. Box 4949
Syracuse, NY 13221-4949

Hydrant Meter Assembly Unit Rental and Hydrant Use Permit

2019

- APPLICATION -

MINIMUM OF 48 HRS REQUIRED TO PROCESS

Phone: (315) 455-7061
Fax: (315) 455-6578

OFFICE USE ONLY	CUSTOMER NO. _____ ACCOUNT NO. _____ _____
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APPLICANT INFORMATION (please print)	EQUIPMENT
COMPANY NAME _____	DATE REQUEST TO PICK UP UNIT: ____/____/____ Meter Assembly Size RETURNED <input type="checkbox"/> 1" meter & 1" RPZ (-10 to 50 gpm) <input type="checkbox"/> Issued at the discretion of OCWA <input type="checkbox"/> 1 1/2" meter & 1 1/2" RPZ (-25 to 100 gpm) <input type="checkbox"/> <input type="checkbox"/> 3" meter & 2" RPZ (-50 to 180 gpm) <input type="checkbox"/> Issued at the discretion of OCWA Other Accessories Requested <input type="checkbox"/> Hydrant Wrench <input type="checkbox"/> <input type="checkbox"/> 6 ft Hose (for 1 1/2" or 3" meter units only) <input type="checkbox"/> <input type="checkbox"/> 2 1/2" MNST x 2 1/2" FSST adapter <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/>
BILLING ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
BUSINESS PHONE NO. _____ ALT. PHONE NO. _____	
CONTACT PERSON _____	
HYDRANT USE - MUST BE COMPLETED FOR APPROVAL	
PURPOSE: _____	_____ INITIAL
LOCATION/SITE: _____	
<i>Please note you must call the Operations Dept. (ext. 3120) each day for authorization prior to using any hydrant.</i>	
AGREEMENT	
I hereby agree to be responsible for the water meter and backflow prevention device assembly. I understand that I am responsible for payment for all charges and any damages caused to the water meter and backflow prevention device assembly, the fire hydrant(s), and any other OCWA property or facilities. I have read and understand OCWA's Customer Rules and the 2019 Hydrant Use ~ Policies and Procedures.	
_____ X _____	____/____/____
APPLICANT NAME (Please Print)	APPLICANT SIGNATURE
DATE	
OFFICE USE ONLY	
<input type="checkbox"/> Received a copy of OCWA's Hydrant Meter Assembly Unit Rental and Hydrant Use Permit information packet. ____/____/____ INITIAL DATE	
Meter Manufacturer: _____ Meter No.: _____ RPZ Serial No. _____ Date Picked Up ____/____/____ Date Returned ____/____/____	Deposit Received \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Returned Reading _____ gals Initial Reading _____ gals Total Usage _____ gals
OCWA - FORM D12	Notes: Approved by: _____ Date ____/____/____

VEHICLE AUTHORIZATION LIST

Item No.	License Plate Number(s)	Vehicle Make & Model	Vehicle Description*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

* - Use assigned vehicle number, model & fleet number, color of vehicle, etc. that can be used to easily identify a specific piece of equipment and/or backflow prevention device.
