



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

Hydrant Meter Assembly Unit Rental and Hydrant Use Permit

2021

- APPLICATION -
MINIMUM OF 48 HRS REQUIRED TO PROCESS

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

OFFICE
USE
ONLY

CUSTOMER NO. _____	ACCOUNT NO. _____
_____	_____

APPLICANT INFORMATION (please print)	EQUIPMENT
COMPANY NAME	<p style="text-align: center; font-weight: bold;">DATE REQUEST TO PICK UP UNIT:</p> <p style="text-align: center;">____/____/____</p> <p>Meter Assembly Size RETURNED</p> <p><input type="checkbox"/> 1' meter & 1" RPZ (-10 to 50 gpm) <input type="checkbox"/> Issued at the discretion of OCWA</p> <p><input type="checkbox"/> 1 1/2" meter & 1 1/2" RPZ (-25 to 100 gpm) <input type="checkbox"/></p> <p>Other Accessories Requested</p> <p><input type="checkbox"/> Hydrant Wrench <input type="checkbox"/></p> <p><input type="checkbox"/> 6 ft Hose (for 1 1/2" or 3" meter units only) <input type="checkbox"/></p> <p><input type="checkbox"/> 2 1/2" MNST x 2 1/2" FSST adapter <input type="checkbox"/></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/></p> <p style="text-align: right;">_____ INITIAL</p>
BILLING ADDRESS	
CITY STATE ZIP	
BUSINESS PHONE NO. ALT. PHONE NO.	
CONTACT PERSON	
HYDRANT USE - MUST BE COMPLETED FOR APPROVAL	
PURPOSE:	
LOCATION/SITE:	
Please note you must call the Operations Dept. (ext. 3120) each day for authorization prior to using any hydrant.	

AGREEMENT
<p>I understand that I assume all risks in connection with using an OCWA backflow prevention device. 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 2021 Hydrant Use ~ Policies and Procedures.</p>

_____	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

<p>Meter Manufacturer: _____ Deposit Received \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p> <p>Meter No.: _____</p> <p>RPZ Serial No. _____ Returned Reading _____ gals</p> <p>Date Picked Up ____/____/____ Initial Reading _____ gals</p> <p>Date Returned ____/____/____ Total Usage _____ gals</p>	<p><u>Notes:</u></p>
<p>OCWA - FORM D12 Approved by: _____ Date ____/____/____</p>	

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.
