



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

## Hydrant Meter Assembly Unit Rental and Hydrant Use Permit

**2022**

### - APPLICATION -

MINIMUM OF 48 HRS REQUIRED TO PROCESS

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

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

AGREEMENT
<b>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 2022 Hydrant Use ~ Policies and Procedures.</b>

_____ X _____ APPLICANT NAME (Please Print)	_____	_____/_____/_____ DATE
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OFFICE USE ONLY
<input type="checkbox"/> Received a copy of OCWA's Hydrant Meter Assembly Unit Rental and Hydrant Use Permit information packet.

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

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