

CITY OF PRIEST RIVER

P.O. Box 415
552 High Street
Priest River, ID 83856
(208) 448-2123
Fax (208) 448-2232



Hydrant Use Permit

Company Name: _____

Applicant Name: _____ Phone #: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Project Address/Location: _____

Inside City Limits Outside City Limits Tank Capacity: _____ Metered

Estimated gallons to be drawn on this permit: _____

Truck # or license #: _____ State: _____

Conditions of Permit:

1. An accurate meter reading or load count for each load shall be recorded on the back of this permit.
2. All tanks shall be equipped with an air-gap fill spout and shall be inspected prior to initial filling.
3. Applicant agrees to abide by the rules and regulations of City Code governing hydrant use.
4. This permit shall be kept in the tanker at all times and shall be surrendered to the City Clerk upon completion.
5. Failure to comply with these conditions shall result in permit revocation and hydrant use privileges.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Permit good through: _____

Tank Inspection completed by: _____ Date: _____

Hydrant Location: _____

Public Works Supervisor: _____ Date: _____

Denied Reason: _____

Billing Information:

Gallons Used: _____ Rate: \$ _____ /1,000 Gallons Amount Billed: \$ _____

City Clerk: _____ Date Billed: _____