

101 Martin Street  
 Penticton BC V2A 5J9  
 Phone: 250-490-4135



**Regional District of Okanagan-Similkameen Fire Hydrant Use Permit**

Permit No.		
APPLICANT NAME:		
COMPANY NAME:		
EMAIL:		
PHONE:	Work:	Cell:
DATES REQUIRED:	From:	To:
<b>PERMISSION FOR USE:</b>		
WATER SYSTEM:		
HYDRANT ADDRESS:		
BACKFLOW PREVENTION:	The user must supply a Double Check Valve Assembly that has been tested by a certified tester.	
BACKFLOW ASSEMBLY SERIAL NUMBER:		
<b>COPY OF TEST RESULTS: REQUIRED</b>		
PURPOSE OF USE:		

**HYDRANT DAMAGE:**

I hereby declare that I have read, understand, and agree to abide by the above conditions. I understand that if I damage any District fire hydrant, backflow prevention device or water main through incorrect usage, I am responsible for all costs for repair. I agree to indemnify and save harmless at all times the RDOS, and all officers, servants and agents thereof, from any and all manner of loss, damage, expense, suits, claims and demands arising out of the granting of this permit, or sustained or incurred by the RDOS on account of, or in connection, with the use of the said hydrants by, or on behalf of, the undersigned.

<b>Signature of Applicant:</b>		<b>X</b>	
<b>Coding:</b>			
<b>Naramata Water</b>	3-1-3940-9000	<b>Willowbrook Water</b>	3-1-3930-9000
<b>Olalla Water</b>	3-1-3960-9000	<b>Miszezula Lake Water</b>	3-1-3990-9000
<b>West Bench Water</b>	3-1-3970-9000	<b>Sun Valley Water</b>	3-1-3990-9000
<b>Gallagher Lake Water</b>	3-1-3975-4060	<b>Sage Mesa Water</b>	3-1-3990-9000
<b>Dates of Permitted Use:</b>			
<b>Fee</b>	Day(s)	\$50 x ____ days	Amount: \$ _____
<b>Fee</b>	Month	\$150 x ____ months	Amount: \$ _____
<b>Receipt Number:</b>		<b>Date Paid:</b>	