For Office Use Only • Fire Hydrant

Date	No. of Pages
To	From:
Co./Dept.	Co. **UTILITY BILLING**
Phone #	Phone # **(805) 385-7816**
Fax #	Fax # **(805) 385-7865**

CUSTOMER #_____

LOCATION #_____

PROCCESSED BY: _____

Customer Name: _____

DEPARTMENT OF BILLING & LICENSING
WATER- SEWER – REFUSE
214 South C St., Oxnard, CA 93030
Phone 805-385-7816 • Fax (805) 385-7865
www.cityofoxnard.org Email: c2gutilities@oxnard.org

CITY OF OXNARD CALIFORNIA

FIRE HYDRANT METER APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION

Fire Hydrant Location:_____

Requested Date of Installation:_____ Deposit Amount: **$950.00** *($850.00 Deposit & $100.00 Installation fee)*

Project Name or #:_____ Form of Payment:_____

Contact Person at Jobsite: _____ Cell #: _____

Contact Email:_____

Onsite Trailer (if applicable) - Phone # _____ Fax #: _____

BILLING INFORMATION

City of Oxnard Business Tax Certificate # _____

Business / Corporation Name _____

Billing Address _____

Business Owner / Corp Officer Name & Title _____

Federal ID # _____ Office Phone# _____ Fax #_____

The undersigned applicant herby requests that the service be supplied to the above location and in consideration of said location being so supplied does hereby agrees to all bills for service rendered, pursuant to rules and regulations and rates adopted by the City Council of the City of Oxnard. The undersigned agrees further that he/she has knowledge of the Water Ordinance and will abide by all of its provisions. The undersigned agrees to pay for the cost of the fire hydrant meter shall it become lost or stolen, while in their care.

In any action or proceeding arising out of this agreement, the prevailing party shall be entitled to reasonable attorneys' fees and costs, including fees and costs of the Oxnard City Attorney Office.
The water meter is the property of the City of Oxnard and only City staff may turn it on/off.

_____	_____	_____	_____
Signature	Print Name	Phone #	Date

To: Meter Shop / Fax #: 8132 From: _____ / Extn: _____ Fax Date: _____

Please install a fire hydrant meter by the Requested Date of Installation at the Location listed above. Please call with the meter number and reading.

For Office Use Only

Meter No:_____ Meter Reading:_____ Installed by:_____ Date:_____

Comments: _____