

**TOWN OF GEORGETOWN
HYDRANT PERMIT APPLICATION**

Applicant Name _____

Mailing Address _____

Telephone _____

Proposed use of water _____

Proposed period of use _____ to _____

Estimated total gallons _____

I understand that a hydrant permit, if granted by the Town of Georgetown, will be valid only during the dates and only for the purposes specified therein. I agree to pay for the water use upon receipt of a bill.

I also understand that failure to promptly pay a bill or use of water for any non-permitted purpose will result in the revocation of my permit.

_____ Date _____ Applicant

For Office Use Only

Application Received _____ Approved / Denied _____

By: _____

	Amount	Date		
Permit Fee Paid	_____	_____		
Refundable Deposit Paid	_____	_____		
Deposit Returned	_____	_____		
Billings:	Gallons	Cost	Date Billed	Date Paid
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____