For Office Use Only • Fire Hydrant

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

CUSTOMER #	
LOCATION #	
PROCCESSED BY:	

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



FIRE HYDRANT METER APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION

Cina Hadanat I anation.			
Fire Hydrant Location:			
Requested Date of Installation:	Deposit Amoun	tt: \$950.00 (\$850.00 Deposit & \$100	0.00 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 Certifica	ate #	_	
Business / Corporation Name			
Billing Address			
Business Owner / Corp Officer Name	& Title		
Federal ID #	Office Phone#	Fax #	
to supplied does hereby agrees to all the City of Oxnard. The undersign provisions. The undersigned agrees to		alles and regulations and rates adoptedge of the Water Ordinance and weter shall it become lost or stolen, we shall be entitled to reasonable attorned.	ed by the City Counci will abide by all of its while in their care.
	eng of ormard and only eng starr mag		
Signature	Print Name	Phone #	Date
	Print Name	Phone #	Date
Fo: Meter Shop / Fax #: 8132 Please install a fire hydrant meter	Print Name From: by the Requested Date of Installation	Phone # / Extn: Fax I on at the Location listed above.	Date:
Γο: Meter Shop / Fax #: 8132	Print Name From:	Phone # / Extn: Fax I on at the Location listed above.	Date: