



13211 Henry Ave, Box 159
Summerland BC V0H 1Z0
Tel: 250-494-6451 Fax: 250-494-1415
www.summerland.ca

Request for Hydrant Adapter Installation

I, _____ of _____
(name) (address)

hereby make application to the District of Summerland to have a certified hydrant adapter with backflow prevention device (supplied by Owner/Contractor) installed which will service the following described property:

Street Address _____

I agree to be governed by any and such bylaws as may be in effect in the District of Summerland relating to this service.

I absolve the District from any damage to the hydrant and/or adapter that may occur as a result of damage (including frost damage) and/or vandalism.

Purpose of request: _____

I hereby request this service to be turned on _____

I hereby request this service to be turned off _____

Signature: _____

Tel: _____

Permit Fee	\$36.49	G/L 2114499000
plus \$11.05/day x _____	\$	G/L 2114499000
	\$	GST
	\$	Payable at time of request

Approved by: _____
Manager of Works

For Office Use Only

Service turned on by: _____

Service turned off by: _____

Original: Applicant
Copy: Works Foreman
Fire Department
Cashier, Municipal Hall
File No. 5600-02