



**Submit completed application to:**  
 City of American Canyon  
 Administrative Services Department - Utility Billing  
 4381 Broadway, American Canyon, CA 94503  
 Phone No. 707-647-4364 • Fax No. 707-643-2371

**APPLICATION FOR TEMPORARY WATER SERVICE**

**REQUESTED USE:**

- Irrigation
- Construction – Please provide project name and description: \_\_\_\_\_
- Contractor – Contact Name and Number: \_\_\_\_\_
- Driver – Contact Name and Number: \_\_\_\_\_ Truck Location: \_\_\_\_\_
- Other – Please explain: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City & ZIP: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**FOR CONNECTION TO:**

Hydrant #: \_\_\_\_\_ Location: \_\_\_\_\_

**WATER DEMAND INFORMATION:**

Requested Installation Date: \_\_\_\_\_ Requested Removal Date (see General Note 1): \_\_\_\_\_  
 Days per week of anticipated use: \_\_\_\_\_  
 Expected daily demand (gal): \_\_\_\_\_

**GENERAL NOTES**

1. Temporary water service connections shall be discontinued and terminated within 6 months after installation unless an extension of time is granted in writing by the City.
2. Meters are to be installed by City forces and under no circumstances are they to be removed or relocated by Permittee.
3. Operating wrenches designed for fire hydrants are the only wrenches authorized to be used on fire hydrants. Permittee will be responsible for damage to hydrant operating nut.
4. A deposit of \$1,250 (\$35 non-refundable) is required.

For recycled water use, Applicant agrees that they have received the City of American Canyon Recycled Water Program User Guidelines and the California Health Laws Related to Recycled Water “The Purple Book”, and take the responsibility for disseminating pertinent information to Contractors.

**APPLICANT SIGNATURE:** \_\_\_\_\_  
Name Date

**For City Use Only**

Eng Approval _____	Meter Deposit \$ _____	Meter # _____
Potable _____ Recycled _____	Non-Refundable \$ _____	Start Read _____
Installed by _____	Total Deposit \$ _____	Date Read _____
Account # _____	Date Paid _____	Entered By _____
	Receipt # _____	