



Fire Hydrant Application

Deposit Amount: \$1,000.00

Application Amount: \$80.00

Application Date: _____

Start Date: _____

Customer Name: _____

Phone: _____

Billing Address: _____

Fax: _____

Email: _____

Project name: _____

Requested by: _____

Location of Fire Hydrant (Street Name): _____

Detailed Instruction (Cross Street, distance from intersection, direction, etc...):

Foreman on Location: _____ Contact # _____

Is the fire hydrant marked by colored ribbon/flag? YES / NO Color: _____

The undersigned hereby makes application for Water and Allied Services from the City of Selma Water Department subject to all conditions of the Water Ordinance.

Signature: _____ Date: _____

*Please make all checks payable to the City of Selma

FOR OFFICIAL USE ONLY

Meter Number: _____ Start Read: _____ Installed By: _____ Date: _____