

CIP / CITY PROJECT HYDRANT USE REQUEST

This section to be completed by contractor requesting a hydrant permit:

Type of Project:			
Water:		Location of Project (check one on	y):
Sewer:		City of Columbus:	
Other:		Columbus Contract Area/Municip	ality:
Description of other:		Name of Contract Area / Mun	icipality:
Name of Company / Contractor:			
Name of Company / Contractor Contact:			
Contact Phone:	с	ontact Email:	
Project Name:			
CIP / Project Number:			
Hydrant(s) Requested: (Hydrants can be identified by a street address, the closest intersection, or the hydrant ID number)			
Date(s) of Hydrant Usage:			
Purpose of Usage:			
	Signature of Applicant (typed signature acceptable) Dat		Date

This section to be completed by City of Columbus or Municipality Project Manager:

Project Manager's Name: (Columbus or Municipality)

Project Manager's Email:

Project Manger's Phone:

Project Manager's Signature: (electronic signature required)

Date: