

CITY OF ST. LOUIS
DEPARTMENT OF PUBLIC UTILITIES
WATER DIVISION - SERVICE DELIVERY GROUP

COMBO DRINKING FOUNTAIN APPLICATION

How many combo drinking fountains requested _____

Combo Drinking Fountain(s) to be installed on fire hydrant(s) at the following location(s):

LOCATION:

LOCATION:

LOCATION:

NAME AND DATE OF EVENT OR REASON FOR FOUNTAIN: _____

TIME & DATE **INSTALLED**:

TIME & DATE **REMOVED**:

BY: _____

AFTER: _____

(i.e., 10:00 a.m. on 9/10/14)

(i.e., 6:00 p.m. on 9/10/14)

WORK ORDER # _____

DEPOSIT: \$100.00/EACH TOTAL DEPOSIT: _____

Approximately \$28.00 for installation and \$28.00 for removal.

Balance will be reimbursed unless equipment is damaged or stolen.

NAME OF PERMIT HOLDER: _____

ADDRESS:

CITY: _____ STATE _____ ZIP _____

AUTHORIZED AGENT'S SIGNATURE: _____

PRINTED..... _____

TELEPHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRES _____

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APPROVED BY: _____ ISSUED BY: _____

DATE: _____