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## APPLICATION TO FILL SWIMMING POOL

*Photo I.D. is required.*

1. I hereby request that City of Yukon employees fill my swimming pool by use of a fire hydrant and water meter, and authorize said employees to be on my property for this purpose. I agree to hold harmless the City of Yukon and all of its employees for any damages of any nature whatsoever that may occur.
2. I understand all applications are reviewed on a case by case basis by the Yukon Fire Dept. who will review the property, location of the nearest fire hydrant and evaluate risk management and potential hazards. The City of Yukon will notify me if my application is accepted or denied.
3. I understand that under all circumstances, the intended use of a fire hydrant is for fighting fires to protect life and property. I understand that filling my pool may be interrupted if the Yukon Fire Department should need access to the fire hydrant to extinguish a fire.
4. I understand that I will be billed for the additional metered water consumption recorded on the hydrant water meter. I will incur no additional sewer or other charges as a result of the water specifically used to fill my pool by this method.
5. I understand that I must pay a \$50.00 fee with this application. It will be refunded only if I cancel my appointment 24 hours in advance, or if the City of Yukon denies my application.
6. I understand that filling my pool is done by appointment and that I must be on site at the scheduled time, for the duration of the process and remain until the pool is filled.
7. I understand that the appointment must be in the morning or by 1 p.m. at the latest to allow time for the task completion.
8. I understand that my pool will not be filled if City of Yukon personnel cannot easily verify that I am present when they arrive for the appointment. It will be my responsibility to contact Utility Billing to re-schedule another appointment time and I may forfeit or be required to pay another \$50 fee.
9. I understand that I may be forfeit or be charged another \$50 fee if City of Yukon personnel cannot complete filling the pool process due to some circumstance that may arise on my part.
10. I agree to select another appointment date if the Utility Billing Department has already scheduled another customer for the same date I request.

Date Service Requested (Monday through Friday) \_\_\_\_\_ Time a.m. \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Service Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Their Phone \_\_\_\_\_

*With my signature, I acknowledge that I understand and agree to the above requirements.*

Signature \_\_\_\_\_ Date \_\_\_\_\_