



UTILITY BILLING

APPLICATION TO FILL SWIMMING POOL

Photo I.D. is required

1. I hereby request that City of Yukon employees fill my swimming pool with water 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. The Yukon Fire Dept. will review my 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. My \$50.00 fee will be refunded if it is not feasible to fill my pool as determined by the Yukon Fire Dept. personnel.
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 Dept. 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 if I cancel my appointment 24 hours in advance, or if my application is denied.
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 to allow adequate time.
8. I understand that my pool will not be filled if City of Yukon personnel cannot easily verify that I am at home when they arrive for the appointment and that they will leave my address. It will be my responsibility to contact Utility Billing to re-schedule another appointment time and I may forfeit my initial \$50.00 fee and/or be required to pay another \$50.00 fee.
9. I understand that staff will arrive at the scheduled time and my pool will be filled with water until it is full. If I request that the filling be interrupted or delayed for some reason, I understand that I must schedule a return appointment time and pay another \$50.00 fee.
10. I understand that I must submit this form and fee 7 to 10 business days prior to the date I request and that the actual appointment date will likely vary. The usual start time is 9 a.m.

Service date(s) requested (Monday through Friday) _____

First _____ Middle _____ Last _____

Service Address _____

Daytime Phone _____ Alternate phone _____

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

Signature _____ Date _____