APPLICATION & AGREEMENT FOR TEMPORARY WATER SERVICE

	agrees to pay	a \$1,500 meter de	eposit for the use of the	ne Bear River	
(Applicant) Water Conservancy D	istrict's water meter and	hackflow prevent	ion device for the per	ind of	
-		•	·	10 4 01	
(Approx. Starting Date)	(Approx. Ending Date)	pose of water use:			
(Approx. Clarting Date)	(Approx. Enaing Date)				
Place of Use:(System					
(System	n Name)				
water is taken. Meter will \$200.00 charge for meter for meter setup/take dow (435) 723-7034 when the will be sent to the water meter and backflow prebelonging to the District provided, damages will be BRWCD will insother site or connection deposits. Payment for an protect the integrity of the system at any site other to any other threat of con Proof of insuran The District retainecessary and for any leusage.	r setup/take down will be n will be added to the fi water service is no long user. All invoices are divention device are retuing good working conditions assessed and will be divential a meter and backflowill immediately cancent and all water used will be a limited by this contamination. The right to suspend and the right to suspend and the right to suspend and the applicant understation.	the project and and a set added to the first rst monthly invoiced and a set of the mouth of the project and along with a set of the project and along with a set of the project and a set of the foregoing and a set of the foregoing and a set of the foregoing and the	m invoice will be sent monthly invoice. use e. The water user sheter will be removed, The meter deposit wisupport arm, and and there are damage leposit. Innection site approve agreement and resurely. Applicant will take anner as to constitute gnated site for whate The applicant can the soing stipulations and	to the water user. A ser. A \$200.00 charge all notify BRWCD a and the final invoice. If be refunded when ny other equipments to the equipment of the equipment of the equipment of the equipment of all precautions to will not access the earness connection of the equipment of the equipment of all precautions to will not access the earness connection of the equipment of the equipme	
Print Name(s)		Signature(s)	Signature(s)		
Date:		Accepted By	Accepted By (District Employee):		
Applicant's Name/Busine	ess Name:				
Contact Person:		Title:	Title:		
Applicant's/Business Tel	ephone Number:				
Mailing Address	City	State	Zip		
Business License Numb	Liability Insu	Liability Insurance Provider & Policy Number:			
		District II			
Service Address/ Location of cor		r District Use			
		E 1	M-4 D I	T-4-1 C-11 II I	
Meter ID No.	Beginning Meter Read		Meter Read	Total Gallons Used	