



TOWN OF PATAGONIA

BULK WATER PERMIT

NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

GALLON CAPACITY

BACKFLOW PREVENTION DEVICE (REQUIRED)

- AIR GAP
- PRESSURE VACUUM BREAKER
- OTHER _____

I HAVE READ AND UNDERSTAND THE REGULATIONS IN THE TOWN CODE PERTAINING TO THE SALE OF BULK WATER AND THE PENALTIES FOR VIOLATION OF THESE REGULATIONS. I FURTHER UNDERSTAND THAT THIS PERMIT WILL EXPIRE THIRTY (30) DAYS FROM THE DATE OF ISSUE. I AGREE TO KEEP AN ACCURATE RECORD ON THE REVERSE SIDE OF THIS PAGE, THE WATER WITHDRAWN FROM THE TOWN OF PATAGONIA MUNICIPAL WATER SYSTEM.

SIGNATURE

ISSUED BY: _____ DATE OF ISSUE: _____

