



**TOWN OF PATAGONIA BULK WATER PERMIT
ONE WEEK/20,000 GALLON LIMIT**

NAME

PHONE NUMBER

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 I AGREE TO KEEP AN ACCURATE RECORD ON THE REVERSE SIDE OF THIS PAGE, THE WATER WITHDRAWN FROM THE TOWN OF PATAGONIA MUNICIPAL WATER SYSTEM.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

