



Stafford County Utilities Fire Hydrant Waiver Request



Information

Applicant Name: _____

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

ID Number of Fire Hydrant Requested: _____

Location of Fire Hydrant Requested: _____

Dates Waiver is Requested: _____

Proposed Use: _____

Please submit waiver request a minimum of two (2) days prior to date needed. The waivers are granted for a maximum of 30 days unless justification is provided by the applicant and approved by the Director or designee.

Signature

Date

Approval

Approved

Rejected

Issue Date: _____

Expiration Date _____

Comments:

Authorized by

Date

Email Claudia Wright for review and approval at cwright@staffordcountva.gov.