Permit Number: **CG–XXXX**

Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR COMMUNITY GARDEN RAIN BARREL PROGRAM**

(Applicant – Name of Billing Contact) (Phone Number)

(On Site Contact Name) (On Site Phone Number)

(Billing Address)

(City) (State) (Zip Code)

(Location of Community Garden / Delivery Address)

(Intended Use)

**FEE**

Annual Rain Barrel Water Service Fee **Total: $75**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Authorized Waterworks Approval

For more information about this program, [**email Kevin Johnson**](mailto:kevin.johnson@cityofrochester.gov%20?subject=City%20Garden%20Permits%20Question%20from%20the%20Web) [**kevin.johnson@cityofrochester.gov]** Superintendent of Water Distribution, or call 428-7417

**Please place barrel in an accessible location within 15 feet of the sidewalk**