

Harris Park Metropolitan District, 2154 Shelton Drive, Bailey, CO 80421 (Please return application to info@harrisparkmetrodistrict)

**Harris Park Metro District (HPMD) Hydrant Application Full Time Residents 2026-2027**

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

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

(Number and Street, City, State and Zip Code)

Physical Address: \_\_\_\_\_ Property Schedule # \_\_\_\_\_ (Number and Street, City, State and Zip Code)

Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner: \_\_\_\_\_ Renter: \_\_\_\_\_ Name of Owner (if renting): \_\_\_\_\_

Number of household members: \_\_\_\_\_ Is this property being used as a vacation rental property? \_\_\_ Yes, \_\_\_ No Approximate amount of water to be pumped \_\_\_\_\_? \_\_\_ Weekly \_\_\_ Monthly \_\_\_\_\_ Other

**Proposed Fees:**

**Annual Community Membership \$60.00**

**Annual Hydrant Fee \$100.00 per year**

Date paid \_\_\_\_\_ Total paid \$ \_\_\_\_\_

\_\_\_ Cash

\_\_\_ Check # \_\_\_\_\_

\_\_\_ Credit Card

By signing this document, I hereby certify that the information provided above is true and correct. I further acknowledge that I have read, understand, and agree to all terms I have initialed on page two, and that my signature indicates that I accept and agree to be bound by these terms.

Application Signature \_\_\_\_\_

Witness: \_\_\_\_\_

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

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



**Harris Park Metropolitan District, 2154 Shelton Drive, Bailey, CO 80421** (Please return application to [info@harrisparkmetrodistrict.com](mailto:info@harrisparkmetrodistrict.com)) 2026 - 2027

**Harris Park Metro District (HPMD) Hydrant Agreement**

**(Key Code: \_\_\_\_\_)**

**By initializing below I accept and agree to be bound by these terms**

**Initial each line**

- \_\_\_\_\_ My signature indicates that I have received a code and have paid my annual community membership fee.
- \_\_\_\_\_ I understand that I am fully responsible for my code and my use of the HPMD hydrant.
- \_\_\_\_\_ I understand that this water is for domestic use only (bathing, drinking, cooking, washing) and NOT for agriculture use.
- \_\_\_\_\_ I agree to complete the information on the sign in sheet, each time I pump water.
- \_\_\_\_\_ I agree that I will remove the key from the hydrant lock and close the lock box at the end of my pumping. Failure to do so will be a violation.
- \_\_\_\_\_ I understand that violations and repeated offenses will result in the loss of privilege to access the community hydrant for water.
- \_\_\_\_\_ No refunds will be given.
- \_\_\_\_\_ I understand there is no sharing of my unique code to other property owners, residents of HPMD or non-residents of HPMD.
- \_\_\_\_\_ I understand The Colorado Department of Public Health has required HPMD to monitor the number of people accessing the well, and strict record keeping.
- \_\_\_\_\_ I understand that as a HPMD resident, I am obligated to protect our hydrant access and our water supply. I understand this means reporting anything other than normal regarding the hydrant and use of.
- \_\_\_\_\_ By initializing this I understand that I will report any maintenance issues immediately to help support the well AND report any misuse, abuse, and/ or concerns about the hydrant immediately and understand I will be given a violation if I do not.

\_\_\_\_\_

(Signature)

(Printed Name & Date)