

Fire Flow Request Form

Date: _____

Average Processing Time: 2-4 Weeks from Date Received by EMWD

<input type="checkbox"/>	Fire Hydrant Letter	\$85
<input type="checkbox"/>	2 Hour Fire Flow Test	\$100
<input type="checkbox"/>	3-4 Hour Fire Flow Test	\$2,500

Customer Information*

Name: _____

Name of Requestor: _____

Mailing Address: _____

City/State/ZIP: _____

Phone/Cell: _____ Fax: _____

Project Information*

APN: _____

Fire Department Requirements: _____

Number of Hydrants: _____

Fire Flow (GPM): _____

Duration (Hours): _____

Project Address: _____

City/State/ZIP: _____

Project Name or Tract Number: _____

Project Type: Residential Single Lot Tract
 School Commercial Industrial

Vicinity Map Provided?
 NO YES

* If this information is unavailable, reference the County's Conditions of Approval for your project, or confirm the GPM and duration requirements with your Fire Department.

By signing this document, the undersigned affirms he or she has been advised of both the cost of the service requested, and the time required to complete his or her request. Lack of information on this request form can result in a longer processing time than advised.
www.emwd.org

Customer Signature: _____ Date: _____

Customer Comments: _____

EMWD Staff Only

Logged: Yes

Paid: Yes No

Receipt #: _____ Initials: _____

Employee Initials: _____ Date Request Completed: _____

Comments: _____

Verified EMWD Service Area: Yes No

NOTE: incomplete requests are held for 5 days only. After 5 days, a new request must be submitted. Payment in the form of check or cash only, and no information provided until payment has been remitted.

* = required information