



Date Received \_\_\_\_\_

Received by \_\_\_\_\_

# FIRE FLOW TEST REQUEST FORM

## Contact Information:

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

Project Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

## Type of Service Request:

Residential     Commercial     Industrial     Park     School

Fire Sprinklered     Yes     No    Form Number:     195     196

## Project Information:

Assessor's Parcel Number(s) (APN): \_\_\_\_\_

Service Address(es): \_\_\_\_\_

Location / Cross Streets: \_\_\_\_\_

Square Footage of Each Building: \_\_\_\_\_

Number of Stories of Each Building: \_\_\_\_\_

Description of Hydrant(s) Locations: \_\_\_\_\_

Project Description: \_\_\_\_\_

Required to include a Proposed Plan, Site Map, and Vicinity Map (to be submitted with this form)

Required to include a map indicating the fire hydrant(s) to be tested (to be submitted with this form)

## Breakdown of Fees Required:

| Number of Hydrants to be Tested | Fire Flow Test Fee per Hydrant | Total Due* |
|---------------------------------|--------------------------------|------------|
|                                 |                                | \$         |

\*Payment shall be by check only and made payable to Azusa Light & Water

Fire Flow Test Request Form, Form 195 / 196, Proposed Plan, Site Map, Fire Hydrant Location Map, and Payment shall be submitted to:  
ALW Customer Service - First Floor - 729 N. Azusa Avenue, Azusa, CA 91702