



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