Department of Finance and Administration
Exhibit M-Hydrant Flow Test Application

Submit the completed form to the Customer Service Department, along with the fee of ***$200.00.***

APPLICANT INFORMATION

Date Submitted_____

Applicant
Name: _____

Company Name: _____

Street Address: _____

City: _____State: _____ Zip:_____

Telephone Number:_____ Fax Number:_____

Email: _____

Owner (if not applicant)
Name: _____

Telephone Number: _____

SITE INFORMATION
Street Address of Project (if applicable):_____

Project Name (e.g. subdivision name):_____

Parcel ID: _____
Project Location (include street names, proposed connection location and specific hydrants to be tested if applicable)
_____
_____
_____

Sketch or include map indicating parcel and proposed connection location

Receipt_____ Date_____