



FIRE HYDRANT FLOW TEST APPLICATION AND AGREEMENT

3628 South 35th Street * Tacoma, WA 98409-3192

Phone: 253-502-8247 Fax: 253-502-8694

PERSON(S) REQUESTING A FIRE HYDRANT FLOW TEST OF TACOMA'S WATER SUPPLY SYSTEM MUST AGREE TO:

- State fully the purpose for which the flow test information will be used for.
- Pay all charges for the fire hydrant flow test. Checks payable to **CITY OF TACOMA**

FIRE HYDRANT INFORMATION:

Fire Hydrant No. _____
Address _____
Plat or Subdivision Name _____
Development Type _____
Required fire flow _____
Description of project _____

APPLICANT INFORMATION:

Name _____
Company _____
Billing Address _____
City _____ State _____ Zip _____
Daytime Phone _____
E-mail _____
Field Contact _____
Company UBI # _____
or
Driver License # _____
Payment Authorization # _____

The application, when approved by the Division, shall constitute a contract whereby the applicant agrees to comply with all sections of TMC 12.10 and the divisions Customer Service Policy. I declare the above information is true and correct and make this declaration under penalty of perjury.

X

Name of Authorized Signer

Signature

Date

FOR TACOMA WATER USE ONLY:

Business Partner _____
Order # _____
Date paid _____
Receipt # _____
Device Loc/SD Doc#s _____