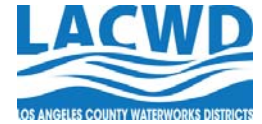




FIRE FLOW INFORMATION REQUEST FORM LOS ANGELES COUNTY WATERWORKS DISTRICTS



NORTH (ANTELOPE VALLEY) OFFICE
260 E AVENUE K8
LANCASTER, CA 93535
Tel (661) 940-9270 • Fax (661) 726-1478

SOUTH (MALIBU) OFFICE
23533 CIVIC CENTER WAY
MALIBU, CA 90265
Tel (877) 637-3661 • Fax (310) 317-4674

PLEASE COMPLETE AND SIGN APPLICATION

DATE: _____

A. CONTACT INFORMATION

Property Owner:	Applicant Company:
Contact Name:	Contact Name:
Address of Property Owner:	Address of Applicant:
City: State: Zip Code:	City: State: Zip Code:
Telephone No:	Telephone No:
Email Address:	Email Address:
Address of Property To Be Served:	
Legal Description of Property: (If you have information already on a typed page, attach to this form.)	
Assessor Map Book No. - Page No. - Parcel No. _____ - _____ - _____	
Tract No. _____ Lot No. _____ OR Parcel Map No. _____ Parcel No. _____	

B. REQUEST

- | | |
|--|---------------------|
| <input type="checkbox"/> Fire Flow Availability Form | <u>Fee</u>
\$350 |
| <input type="checkbox"/> Fire Flow Test Data for On-Site System Design (Underground Fire Lines, Fire Sprinklers, etc.) | \$350 |
| <input type="checkbox"/> Combined request for Fire Flow Availability Form and Fire Flow Test Data for On-site Fire System Design | \$470 |

- For returning projects, have project fire flow requirements changed? Yes (must request a new test, above)
 No (may request a re-issuance, below)
- Re-issuance of an expired test (Limited to tests issued within the past 18 months.) \$120
Customer to provide a copy of expired test report.

Applicant must provide preliminary Fire Department requirements. Projects requiring participation in water system improvements, and/or payment of water supply reliability charges/new water supply acquisition will not be processed until applications for service, agreements, and/or receipts of payments are attached to request form. An incomplete application will not be accepted or held. Fire Flow test results are valid for twelve (12) months from the date of LACWD signature.

By signing this form, the undersigned affirms he or she has been advised of both the cost of the service requested and exceptions noted above.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	1 st Received by:	2 nd Received by:	Test No:
	Date:	Date:	Date: