

## LOS ANGELES COUNTY PUBLIC WORKS WATERWORKS DIVISION FIRE FLOW INFORMATION REQUEST FORM



DATE: \_\_\_\_\_

Date

## NORTH (ANTELOPE VALLEY) OFFICE 260 EAST AVENUE K-8 LANCASTER, CA 93535

Tel (877) 637-3661 • 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

Property Owner:	Appli	Applicant Company:		
Contact Name:	Conta	Contact Name:		
Address of Property Owner:	Addre	Address of Applicant:		
City: State: Zip Code:	City:		State: Zip Code:	
Telephone No:	Telep	hone No:		
Email Address:	Email	l Address:		
Address of Property To Be Served:				
Legal Description of Property: (If you have information alrea				
Assessor Map Book No Page No Parcel No				
<b>Tract No.</b> Lot No	OR 1	Parcel Map No.	Parcel No	_
B. <u>REQUEST</u>				
☐ Fire Flow Availability Form ☐ Fire Flow Test Data for On-Site System Design ☐ Combined request for Fire Flow Availability Fo.				Fee \$350 \$350 \$470
For returning projects, have project fire flow requirement	ts changed?		uest a new test, above) est a re-issuance, below)	
☐ Re-issuance of an expired test (Limited to tests issued within the past 18 months.)  Customer to provide a copy of expired test report.				\$120
Applicant must provide preliminary Fire Department request payment of water supply reliability charges/new water supply and/or receipts of payments are attached to request form. Availd for twelve (12) months from the date of LACWD signals.	oply acquisition An incomplete	n will not be processed u	ntil applications for service	e, agreements
By signing this form, the undersigned affirms he or she habove.	as been advise	ed of both the cost of the	service requested and exc	eptions note
SIGNATURE:		TE:eived by:		

Date:

Date: