



CITY OF SOUTH PASADENA

FINANCE DEPARTMENT

1414 MISSION STREET, SOUTH PASADENA, CA 91030

TEL: 626.403.7309 ▪ FAX: 626.403-7251

Invoice Number:

APPLICATION FOR FIRE FLOW TEST

1. APPLICANT INFORMATION

Name or Business Name: _____

Mailing Address: _____

Telephone: _____ Cell: _____

Email: _____

Results: Mail Email Both

2. FIRE FLOW TESTING – PROJECT INFORMATION

Project Address: _____

Date(s) Required by: _____ Hydrant No.: _____

3. FIRE FLOW AVAILABILITY TESTING – FEES

Total Meters: _____ @ \$531.00 / Meters = _____ (Per Master Fee Schedule)

TOTAL FEES MUST BE PAID BEFORE SERVICES ARE RENDERED. PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR COMPLETION

Signature: _____ Date: _____

Print Name: _____

For Office Use Only

Approved by: _____ Date Approved: _____

Received by : _____ Read Date: _____