



Water Supply Consultants

### Flow Test Request

**CLIENT INFORMATION** – Please complete the following information. Once this form has been completed, it may be faxed or emailed. *Please inform us if work orders or if vendor approval is required before the flow test is scheduled.*

Person Requesting Test:

Company Name:

Phone:            Cell:            Fax:            Email:

Responsible Party (Billing Name):

Billing Address:

Phone:            Cell:            Fax:            Email:

### **PROJECT INFORMATION**

Today’s Date:            P.O. Number:

Preferred Completion Date:

Job Name:

Municipality:

Project Address or Intersection:

Special Instructions:

Is a proposal required?  YES or  NO

Are hydrants confirmed to be operational?  YES or  NO

Will the client witness the test?  YES or  NO

Is the client sending a fax indicating the hydrants to be tested?  YES or  NO

Has the client already spoken to either the Fire Department or Water Purveyor? If yes, who?

**For EJ Flow Tests Use Only**  
*EJ Project #:*  
*Scheduled Test:*