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# DAVIE FIRE RESCUE DEPARTMENT FIRE & LIFE SAFETY DIVISION

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## FLOW TEST REQUEST FORM

Please complete and submit this form along with a check for the amount of **\$203.04** per flow test payable to the Town of Davie Fire & Life Safety Division. Please provide site plan, map, or drawing on an 8 ½ x 11" size paper indicating two (2) hydrant locations (with street names) for more accurate results. Incomplete form or missing site plan/drawing will delay the request. Submit a new form for each additional flow test request.

### LOCATION ADDRESS

*(please provide physical address or nearest intersection)*

|                   |  |
|-------------------|--|
| Project Name:     |  |
| Address/Location: |  |

### CONTACT INFORMATION

|                   |                     |           |
|-------------------|---------------------|-----------|
| Name:             | Contact No.: (    ) |           |
| Company Name:     |                     |           |
| Address:          | Suite:              |           |
| City:             | State:              | Zip Code: |
| Phone No.: (    ) | Fax No.: (    )     |           |
| Email Address:    |                     |           |

How would you like to receive the results?     Email     Fax     Postal Service

### OFFICE USE ONLY

|                           |               |      |      |
|---------------------------|---------------|------|------|
| Inspector Name:           | Inspector ID: |      |      |
| Inspector Name:           | Inspector ID: |      |      |
| Test Date:                | Test Time:    |      |      |
| Hydrant Locations Tested: |               |      |      |
| Hydrant No. 1             |               |      |      |
| Hydrant No. 2             |               |      |      |
| Static:                   | Residual:     | PSI: | GPM: |
| Signature:                | ID:           |      |      |

*Note: Fee is based on the current Annual Fire Safety Fee Schedule for FY23 posted on [www.davie-fl.gov](http://www.davie-fl.gov)*