



FIRE FLOW REQUEST

(* required information)

<i>Information supplied by requestor</i>		
*Date:	* Name (first/last):	*Company:
*Email Address (<i>preferred form of contact</i>):		*Phone:
		*Fax:
*Flow Address (<i>site address, intersection, or tax lot</i>):		Cross Street:
*Reason for flow information: <input type="checkbox"/> Design (static, residual, flow, & date) <input type="checkbox"/> Water service to site (static pressure to site) <input type="checkbox"/> Available flow (gpm) at nearest hydrant		

Email form to: wbfireflow@portlandoregon.gov (*response within 1 business day*)

Fax form to: (503) 823-4500 (*response within 3 business days*)

Fire Flow Test Request line, (503) 823-1408, will be monitored on less frequent basis

FOR OFFICE USE ONLY

Date received	Date processed	Q Section	Pressure Zone
Results to requestor:			
Date	Flow #	Sim #	
Requested:			
<input type="checkbox"/> New flow test	<input type="checkbox"/> New Simulation	<input type="checkbox"/> Hydrant gpm/site service	
Date to OE	Date to SA	Date to SA	
Date from OE	Date from SA	Date from SA	
#	#		
New flow test results forwarded to requestor <input type="checkbox"/> yes <input type="checkbox"/> no			
Form Completed by:			