



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 3 business days*)

| 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: | | | |