



DELRAY BEACH FIRE RESCUE Fire Hydrant Flow Request Form

- 1. All information must be completed in order to process your request.*
- 2. Fire hydrant(s) must be inside the City limits. Hydrants in other city or county limits cannot be tested by Delray Beach Fire Rescue.*

Hydrant Location: _____ No. (If Known) _____

Project Name: _____

Project Address: _____

Company Requesting: _____

Company Address: _____

Name of Contact: _____

Telephone Number: _____

Fax Number: (_____) - _____ - _____

Purpose of Test: _____

Additional information: _____

Test fee is \$150.00 per request. A completed separate test form is required for each flow test location.

___ Check enclosed payable to "City of Delray Beach"

Allow 10 business days to receive test results. Inclement weather or holidays may delay request.

***Delray Beach Fire Rescue
Fire Prevention Bureau
501 West Atlantic Ave
Delray Beach, FL 33444
Attention: Water Supply Officer
Phone : 561-243-7400
Fax: 561-243-7408***

This form will be returned with completed information.

OFFICE USE ONLY

Test results:

Test Date: _____ Time: _____

Static: _____ psi Residual: _____ psi Flow: _____ gpm

Notes: _____