



TOWN OF LEE

32 Main Street, Lee, MA 01238
www.lee.ma.us

Department of Public Works

Fire Flow Request Form

Business Name: _____

Date: _____

Address: _____

Phone: _____

City/State/ZIP: _____

Fax: _____

Requester's Name: _____

*******IMPORTANT*********IMPORTANT** ***** **IMPORTANT** *****

The Town of Lee Department of Public Works is responsible for providing test information on the location indicated on this form. *There is a \$200.00 fee for each hydrant conducted on this test.* It is the requesting party's responsibility to ensure that the information is appropriate to the location of your project. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. The Town of Lee does not guarantee that this date will be representative of the water supply characteristics at any time in the future.

Test Flow Hydrant Address: _____

Flow/Residual Hydrant Address: _____

Hydrant Location (if other than the street address listed): _____

****Please Attach a Map****

DO NOT WRITE BELOW THIS LINE

Flow Hydrants:

Model: _____ **Size:** _____

Static Pressure (in PSI): _____

Residual Pressure (in PSI): _____

GPM: _____

Tested By: _____

Date: _____

Signature: _____