



HYDRANT FLOW REQUEST FORM

Santa Maria Fire Department
314 W. Cook Street, Room 8
Santa Maria, CA 93458-5557

(805) 925-0951 Ext. 2255

FAX # (805) 928-4746

Please complete the below information in blue or black ink. Submit form and [fee](#), making checks or money orders payable to City of Santa Maria. Our physical and mailing address is listed above. **Once the form is submitted call the Fire Inspection Hotline at (805)925-0951 ext. 2502 to schedule the hydrant flow test. You are required to provide the flow equipment and perform the flow; a Fire Inspector will witness the flow and complete required information.**

Name of Company Requesting Hydrant Flow: _____

Contact Name: _____

Contact Mailing Address: _____

Phone Number: _____ Date Required: _____

Reason for Requesting Hydrant Flow: New Construction Tenant Improvement
 Insurance Other – Please State: _____

Address and Location of Hydrant: _____
(For example: 314 W. Cook Street, hydrant located at north east corner of property)

Send Hydrant Flow Information: By Mail By Fax: _____
(Fax Number)

By E-mail: _____
(E-mail Address)

Requestor's Signature: _____ Date requested: _____

HYDRANT FLOW INFORMATION

TO BE COMPLETED BY FIRE DEPARTMENT

Date: _____ Completed By: _____

Location: _____

Static: _____ Residual: _____ Pitot: _____

Gallons Per Minute: _____ Outlet Diameter: _____

TO BE COMPLETED BY FIRE DEPARTMENT

Date Hydrant Flow Fee Paid: _____ Accepted By: _____

Date Hydrant Flow Information Sent: _____

By Fax By Mail By E-mail Other: _____

Sent By: _____