FIRE FLOW REQUEST FORM

City of Lincoln
Department of Public Services

600 Sixth Street
Lincoln, California 95648
Office (916) 434-2450
Fax (916) 543-8516

Fee for each Fire Flow Request is $346

PROJECT: **DATE OF THIS REPORT:**

1) Street Address of Fire Flow Request: _____

2) Parcel Map with at least two cross streets, street address, and pad number (if applicable) must be attached to process this request.

3) Type of Premises to be served (circle appropriately):

Single Family Residence Multi-Family Residence Commercial Other

4) Requestor's Name: _____

Phone: _____

Fax: _____ Email: _____

5) Owner's Name: _____

Phone: _____

6) Subdivision or Project Name: _____

7) Purpose of Fire Flow Request: _____

Note: Fire Flow values as provided by the City will be based on the following:

1. Normal operating conditions at the time of the request
2. Existing supply conditions at the time of request/startup of the facilities

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OFFICIAL USE ONLY

Fees:_____Date:_____Receipt #:_____