



STATIC (or AVAILABLE) WATER PRESSURE REQUEST FORM

FOR RESIDENTIAL OR COMMERCIAL FIRE SPRINKLER SYSTEMS, PLEASE USE THE FIRE FLOW REQUEST FORM NBD-001

Fee: \$32.00

Average Processing Time is Normally 1 to 3 Days From the Date this Form is Received by EMWD

CUSTOMER CONTACT INFORMATION	Date: _____	<input type="checkbox"/> Call for Pick Up
	Business Name: _____	<input type="checkbox"/> Mail to:
	Requestor Name: _____	<input type="checkbox"/> Address Listed at Left
	Address: _____	<input type="checkbox"/> Address Below:
	City, State ZIP: _____	
	Phone: _____ Alternate: _____	
	Mobile: _____ Fax: _____	
	E-Mail: _____	

PROJECT INFORMATION	Assessor's Parcel Number: _____
	High Pad Elevation: _____ Low Pad Elevation: _____
	Project Address: _____
	City, State ZIP: _____
	Project Name or Tract Number: _____
	Nearest Cross Streets: _____

By signing this document, I acknowledge that I have been advised of the cost of this service and the time required to complete my request. Further, I understand that not providing the information requested on this form can result in a longer processing time.

_____ Customer Signature _____ Date

Comments:

OFFICE USE ONLY	Water Pressure: <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Normal
	Remote Connection? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Comments:
	Employee Signature _____ Date _____