



**Lathrop-Manteca Fire District**  
**800 East 'J' Street**  
**Lathrop, Ca 95330**  
**Administration Office 209-941-5100 ~ Fax 209-941-5115**

**Application for Fire Flow Request**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Service Request:</b>	<b>Fee:</b>
Fire Flow Information request	\$100
Witness of Fire Flow Testing	\$100
Fire Flow Testing & Results (Performed by LMFD)	\$195

Job Name: \_\_\_\_\_

Job/Site Location/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

On-Site Contact Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Requested Service (if witness request): \_\_\_\_\_ (Dates/Times to be determined, not guaranteed)  
 (Minimum 5 Business Days Notice Required)

**Provide Site Map. Include Cross streets, street names, hydrant locations, & hydrant #'s (if available).  
 If applicant chooses to perform test, applicant shall provide all approved required and appropriate testing equipment, and adequate staff necessary to conduct test and provide traffic control.**

\_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 (Date)

<b>FOR DEPARTMENT USE ONLY</b>		
Date Issued: ____/____/____	[ ] Paid ____/____/____	Permit No.: ____ - ____
Fee(s): \$ _____		Invoice No.: _____
Inspector: _____		