



Matt Jenkins, Fire Chief

## COMMUNITY WATER SYSTEM VERIFICATION FORM

You must provide verification that the hydrant serving your property meets all fire flow requirements. Please have your water company representative complete and sign the form below. Once completed, attach to your Fire Safety Plan and return to Cal Fire at the address listed above. A validation of actual fire flow may occur during the final inspection.

**APPLICANT - Please complete following:**

Project Number(s): \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Location of Project: \_\_\_\_\_

**WATER COMPANY – Please complete following:**

Distance to Fire Hydrant from Property Frontage: \_\_\_\_\_

Fire Hydrant Location: \_\_\_\_\_

Fire Flow in gallons per minute at 20-psi residual pressure: \_\_\_\_\_ gpm

Name of Water Company: \_\_\_\_\_

Address of Water Company: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone No: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Water Company Representative: \_\_\_\_\_  
(Signature)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_