

# Fire Flow Test Request

For the Town of Lexington Water Service Area

Contact Person: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Fax completed form and 8½" x 11" site map to 803-951-4648.