



# 2021 Fire Flow Request

Please return this completed application to Citrus Heights Water District

6230 Sylvan Rd, Citrus Heights CA 95610-5610

PO Box 286, Citrus Heights CA 95611-0286

Fax (916) 725-0345

Voice (916) 725-6873

Email Custserv@chwd.org

LID#: \_\_\_\_\_ CID#: \_\_\_\_\_

### Please Print Clearly

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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

Project/Service Address: \_\_\_\_\_

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

### SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. Fire Flow Requests will be completed in ten (10) business days from receipt of payment.
2. Fire flow requirements will be determined and provided in writing or by email by Sacramento Metro Fire District Fire Prevention Bureau (916) 859-4330. The Contractor shall be responsible for submittal of the fire flow requirement in advance to Citrus Heights Water District.
3. Fire flow results will be calculated by the Citrus Heights Water District hydraulic model, in an average max-day scenario.
4. A **\$382.00 fee** will be charged to provide Fire Flow Data and a Fire Flow Certification letter.

### Fire flow results will be forwarded to the Sacramento Metro Fire District and to:

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

### CHARGES WILL BE BASED UPON THE FOLLOWING:

( )	\$31.00 Fire Flow Certification Letter	\$ _____
( )	\$351.00 Fire Flow Modeling	\$ _____
	<b>Total Amount Due CHWD:</b>	\$ _____

Contractor/Firm Name (Please Print) \_\_\_\_\_

### CITRUS HEIGHTS WATER DISTRICT

Water Purveyor

Contractor/Representative (Please Sign) \_\_\_\_\_

\_\_\_\_\_  
District Representative

CID: # \_\_\_\_\_ Date Pd \_\_\_\_\_ Amt Pd \_\_\_\_\_ Ck# / Cash: \_\_\_\_\_

cc: Brian