

FLOW TEST FIRE HYDRANT AUTHORIZATION FORM

Referred by: _____

MANAGEMENT INFORMATION

Company Name: _____

Company Address: _____

(City)

(State)

(Zip)

Company Contact: _____ E-mail: _____

Phone: _____ Fax: _____
(area code) (area code)

PROPERTY INFORMATION

Property Name: _____

Property Address: _____

(City)

(State)

(Zip)

Property Cross Street: _____

*Include location or map of where testing is required _____

Property Contact: _____ E-mail: _____ Property County: _____

Phone: _____ Fax: _____
(area code) (area code)

BILLING INFORMATION

Billing Name: _____

Billing Address: _____

(City)

(State)

(Zip)

Contact: _____ E-mail: _____

Phone: _____ Fax : _____
(area code) (area code)

Estimated Number of Hydrants 1-5 6-10 11-15 16-20 20+

P.O. Number Required? No Yes P.O. Number: _____

Authorize Fire Flow Test? Yes No \$220.00 (for small qty of hydrants)

Authorized Signature: _____ **Date:** _____

*By signing this form you authorize Triton Industries to perform work on your property.
Please fax this application to (770) 918-0304.
If you have additional properties, please remit one copy for each property. Thank You*

TRITON INDUSTRIES, INC.

1315 OLYMPIC COURT • CONYERS, GA. 30012
PHONE: (770) 918-8999 • FAX: (770) 918-0304