GOLDEN STATE WATER COMPANY (U 133 W)

630 E. FOOTHILL BLVD. - P.O. BOX 9016 SAN DIMAS, CALIFORNIA 91773-9016

Original Cal. P.U.C. Sheet N

eet No. 7660-W

Cancelling _____ Cal. P.U.C. Sheet No.

(N)

Form No. 8

FIRE FLOW TEST APPLICATION



FIRE FLOW TEST APPLICATION

(This se	ection is to be completed by the Applica	nt (One fire flow test request per Application Form)
Print Applicant or Contact First and Last	Name: Include Company Name if Applica	able
Print Applicant or Contact Mailing Addre	ess: Street or PO Box	
Print Applicant or Contact City, State, Zip)	
Print Applicant or Contact Phone Number	er and E-mail Address	
Print Address/Location where Fire Flow	Test is requested (Use back of page section	in for additional location information)
	ovide the information needed to indicate in which case the test results will be return Mailing Address:	how the test results are to be sent by GSWC. Please note that some local fir led by mail.
	E-Mail:	
	ble to Golden State Water Company the Fire Department fire flow test form to we gswater com for the office nearest you	
Please make check or money order payal Return completed form, fee and include: Solden State Water Company (Check www.	the Fire Department fire flow test form to www.gswater.com for the office nearest you Use this section for hand dray (mate distance north, south, east or west	x
Please make check or money order payal Return completed form, fee and include: Solden State Water Company (Check www.	the Fire Department fire flow test form to www.gswater.com for the office nearest you Use this section for hand dray (mate distance north, south, east or west	or call 1-800-999-4033) wo map to desired test location
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(To be inserted by utility)

Issued By

(To be inserted by P.U.C.)

(N)

Advice Letter No. 1691-W

R. J. Sprowls

Date Filed March 8, 2017

Decision No. 16-12-067

President

Effective April 7, 2017 Resolution No.