



CITY OF WORCESTER
Department of Public Works and Parks
 18 East Worcester Street
 Worcester MA 01604
 Phone (508) 799-1493
 FAX (508) 453-2889

PERMIT FOR

	FLOW TEST
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THIS APPLICATION MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

PART 1 - APPLICANT INFORMATION

E-Mail Address

First Name

Last Name

Phone Number

Address

City

State

Zip Code

PART 2 - COMPANY

Please enter the name of the company that is applying for this fire flow test (if applicable)

Company Name

Company Contact

Contact Phone

PART 3 - FIRE FLOW TEST INFORMATION

Address Needing Flow Test

Requested Test Date

Requested Test Time of Day

Gage Hydrant

Flow Hydrant

PART 4 - ACKNOWLEDGEMENTS *(Read and initial each statement below.)*

As the applicant I am familiar with the rules, regulations, and ordinances of the City of Worcester and attest that I will do all work in conformance with said, rules, regulations, and ordinances.

_____ I hereby certify that I am familiar with the use and operation of hydrants and understand completely the procedures necessary for the safe use of hydrants.

_____ I hereby accept the conditions and terms of this application . In consideration of such permission, I exonerate the City of Worcester from all liability growing out of any and all use of the hydrant by myself and my employees or representatives. I agree to indemnify and save the City of Worcester harmless from any damages resulting from or relating to the use of the hydrant.

_____ I do hereby certify that under the pains and penalties of perjury that the information provided in this application is true and correct.

APPLICANT SIGNATURE _____ **DATE** _____