



capitalregionwater.com
888-510-0606

Fire Hydrant Inspection Request

Type of Hydrant Required: [] Fire [] Yard Type
Intended Usage: [] Public [] Private

Requester Address:
(Private or Municipal)

Contact Person: _____ Phone: _____
Email Address: _____
Intended Hydrant Location: _____

Property Owner: _____
Account Address: _____

Detailed plans must accompany this Request. Such plans must be in accordance with the requirements and specifications of Capital Region Water as set forth in the Rules and Regulations of Capital Region Water. Failure to provide such plans will result in the rejection of the Request.

Signature of Requester Date

A Fee of \$50.00 payable to "Capital Region Water" must accompany this Request.

Please complete and return to:
Capital Region Water
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103

Capital Region Water Use Only

Installation Date: _____
Hydrant Make: _____ Hydrant Number: _____
Main Size: _____
Static Pressure: CRW would require Flow Test prior to performing this. CRW does not perform Flow Tests on private lines. This would fall under the Flow Test Request _____
Residual Pressure: _____
Flow: _____
Valve Installed: [] Yes [] No
Correct Color: [] Yes [] No
Plans Accurate: [] Yes [] No