



capitalregionwater.com
888-510-0606

Fire Hydrant Installation 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

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: _____

Residual Pressure: _____

Flow: _____

Valve Installed: Yes No

Correct Color: Yes No

Plans Accurate: Yes No