



Fire Protection Service Request

Requester Name: _____
Requester Address: _____
Mailing Address: *(If Different from Requester Address):* _____
Property Owner: _____
Property Tenant: _____
Contact Person: _____ **Phone:** _____
Email Address: _____
Type of Account: Residential Commercial
 Industrial Other (Specify): _____
Property Number: _____ **Building Permit No.:** _____
Service Line Size: _____ **Est. Max Daily Consumption:** _____
Date Service Required: _____
New Construction: Yes No **Ownership Transfer:** Yes No

By signing this Request, the Requester agrees to abide by the Rules and Regulations of Capital Region Water, in particular the provisions governing the terms and conditions of the furnishing of private fire protection service. In addition, the Requester agrees to submit a new Request for approval prior to making any changes, alterations, additions or deletions to the fire protection system covered by this Request.

Signature of Requester _____
Date

Request must be submitted at least two months prior to the requested installation date. Detailed plans must accompany this Request for review by Capital Region Water. Failure to do so will result in the rejection of the Request.

Note: Request is not approved until signed by Capital Region Water.

A Fee of \$138.00 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

Inspection Date: _____ **Inspector:** _____
Main Size: _____ **Meter Size:** _____ **Meter Number:** _____
Tap Size: _____ **Meter Make:** _____ **Meter Reading:** _____
Type (Material) of Service: _____
Location of Service: _____
Curb Box to Grade: Yes No
Curb Box Accessible: Yes No
Valve on Curb Side of Meter: Yes No
Backflow Preventer Installed: Yes No **Type:** _____

CRW Approval: _____
Signature **Title** **Date**
DW:MG