

capitalregionwater.com 888-510-0606

Fire Protection Service Request

Requester Name:	
Requester Address:	
Mailing Address: (If Different from Requester Address):	
Property Owner:	
Property Tenant:	
Contact Person:	
Email Address:	
Type of Account: □ Residential	☐ Commercial
☐ Industrial	☐ Other (Specify):
Property Number:	Building Permit No.:
Service Line Size:	
Date Service Required:	
New Construction: □ Yes □ No	Ownership Transfer: ☐ Yes ☐ No
By signing this Request, the Requester agrees to abide by the the provisions governing the terms and conditions of the further agrees to submit a new Request for approval prior the fire protection system covered by this Request.	urnishing of private fire protection service. In addition, the
Signature of Requester	Date

Request must be submitted at least two (2) 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.

Notes:

- If you need to make a street/sidewalk cut as part of this request, you must obtain a Street/Sidewalk Cut Permit by completing and submitting an application form. See Street-Sidewalk Cut Permit Request Form.
- Request is not approved until signed by Capital Region Water. Product and material data sheets are required with this request.

A Fee of \$105.00 payable to "Capital Region Water" must accompany this Request.

Submit form, detailed plans, and payment in-person or by mail to:

Capital Region Water Customer Service Center 3003 North Front Street Harrisburg, PA 17110

Capital Region Water Use Only									
Inspection Date: Main Size: Tap Size: Type (Material) of Service:	Meter Size: Meter Make:								
Location of Service:									
Curb Box to Grade: Valve on Curb Side of Meter:				Curb Box Accessible:	□ Yes	□ No			
Backflow Preventer Installed: CRW Approval:			Type:						
Signature 2024-01-31 Fire Protection Service Request			Title			Date DW:MG			