

Town of Lexington Service Area FIRE FLOW TEST REQUEST

Date: _____

Applicant: _____

Company: _____

Billing Address: _____

Phone: _____

Email: _____

Project Name: _____

Hydrant Location: _____

Submit request and site map to rnuzzo@lexsc.com

Invoice for \$175 will be generated and must be paid to Town of Lexington before results will be released.

Check attached

Call contact for credit card number

Call _____ at (_____) _____ - _____ for CC number