

## **FLOW TEST REQUEST**

Date	<del>-</del>			
		APPLICANT		
Applicant's Name		ALL ELOPHY		
Applicant's Address				
· ·				
Applicant's Phone Number				
Applicant's Fax Number				
Applicant's Email				
FLOW TEST INFORMATION				
Street Address of Hydrant				
Nearest Cross Street				
Hamlet or Village		Town		
Hydrant Tag #		(1" Silver Tag Belo	w Top of Hydrant)	
Reason For Request:				
		Applicant Signature		
Please mail the completed form a	nd the required fee in the	e form of a check payable to VEOI	.IA in the amount of <b>\$195.00</b> to:	
VEOLIA Water New York Inc.		VEOLIA Water Westchester Inc.		
162 Old Mill Road		2525 Palmer Ave		
West Nyack, NY 10994 Attn: Planning Specialist		New Rochelle, NY 10801 Attn: Planning Specialist		
Active intimiting operation		Actin Flamming Spe		
Conditions of Flow Test	all the same to the		V50114	
<ul> <li>Flow tests will not be scheduled</li> <li>Flow tests will be scheduled in the</li> </ul>		<u>-</u>		
- Flow tests are performed from N	-	•		
- Flow Tests results take 6 to 8 we		4		
- Rockland county inquiries, pleas	e contact - Maria Martin	ez - (845) 620-6219		
* Flow test results represent pressure	e and flow conditions in the	e water main at the specified location	n at the time of the flow test. Please note that	
· · · · · · · · · · · · · · · · · · ·			ur in the main due to normal changes in daily	
and seasonal water demand. Please shall not be held liable for operation				
	- ,			
FOR VEOLIA NEW YORK USE ONLY				
Date Completed Form Received				
Date Check Received _				
	Check No.			
\	Work Order (Flow Test)			