



BEAUMONT CHERRY VALLEY WATER DISTRICT

560 Magnolia Avenue • PO Box 2037
Beaumont, CA 92223-2258
Phone (951) 845-9581
www.bcvwd.org

Fire Flow Request

Applicant Name:	Contact Phone #
Mailing Address:	Fax #:
City:	E-mail:
State & Zip:	
Service Address:	
Assessor's Parcel Number (APN):	
Fire Flow Requirement:	

Fire Flow Letter should be delivered to:

Recipient: _____ _____ _____
PLEASE CHOOSE ONE: <input type="checkbox"/> Mail (above address) <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Will pick up

The District will respond to all fire flow requests within fifteen (15) working days. The District will contact you once the fire flow information is obtained.

Applicant's Signature

Date

FOR STAFF USE ONLY		
Check No. _____	Receipt No. _____	Receipt Date. _____