



BEAUMONT CHERRY VALLEY WATER DISTRICT

560 Magnolia Ave | PO Box 2037

Beaumont, CA 92223-2258

Phone (951) 845-9581

<https://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 Requirements (From Appropriate Fire Department):	
Dept Name: _____ gpm _____ psi for _____ hour(s)	
Proposed Development Description (Please include structure location on property, dimensions, usage details):	
Who should receive the Fire Flow Letter (Enter Full Name):	

How would you like to receive the Fire Flow Letter (Place an X on the line):	
_____ Mail	
_____ E-Mail	
_____ FAX	
_____ Will Pick Up	
The District will respond to all fire flow requests within fifteen (15) working days of receipt of this completed form and required \$500 deposit. 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. _____