



FAIR OAKS WATER DISTRICT REQUEST FOR FIRE FLOW ANALYSIS

Applicant Name: _____ Date: _____

Phone Number: _____

E-mail Address: _____

Project Location: _____

Assessor Parcel Number (APN): _____

Construction Type: Residential Commercial Institutional

Location Type: ADU New Construction Addition Remodel

Proposed Square Footage: _____

Sac Metro Fire District (SMFD) Required Flow Rate (GPM): _____

Sac Metro Fire District (SMFD) Required Duration (HR): _____

Note: please submit improvement plans as a separate attachment, if available.

Applicant Signature: _____

For District Use Only

Application Received By: _____ Date: _____

Comments: _____

Email to: CUSTOMERSERVICE@FOWD.COM

10326 Fair Oaks Boulevard. Fair Oaks, CA 95628, phone # (916) 967-5723

www.fowd.com