

# Lachlan Shire Council

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ABN: 82 815 250 829



## FIRE FLOW AND PRESSURE TEST APPLICATION

### PART 1: YOUR DETAILS

Applicant:	
Company:	
Postal Address:	
Phone:	
Mobile:	
Email:	

### PART 2: TEST DETAILS

Location of Test (optional: plan attached <input type="checkbox"/> )						
	Lot:		Sec:		DP:	
Tests Required:	<input type="checkbox"/> Pressure <input type="checkbox"/> Hydrant Flow Rate					
Flow Rates Required:						

### PART 3: AUTHORISATION

\_\_\_\_\_  
Signature Name Date

#### Note:

Testing will commence following receipt of payment. A report will be supplied within ten working days from the date of payment. Results are valid for six months from testing date.

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#### OFFICE USE ONLY

Receipt No \_\_\_\_\_ Date \_\_\_\_\_