



CAL FIRE
San Luis Obispo
County Fire Department

635 N. Santa Rosa • San Luis Obispo, CA 93405
 Phone: 805-543-4244 • Fax: 805-543-4248
 www.calfireslo.org



Robert Lewin, Fire Chief

COMMUNITY WATER SYSTEM VERIFICATION FORM

You must provide verification that the hydrant serving your property meets all fire flow requirements. Please have your water company representative complete and sign the form below. Once completed, attach to your Fire Safety Plan and return to CAL FIRE/SLO County Fire at the address listed above. A validation of actual fire flow may occur during the final inspection.

APPLICANT - Please complete following:

Project Number(s): _____

Name of Applicant: _____

Location of Project: _____

WATER COMPANY – Please complete following:

Distance to Fire Hydrant from Property Frontage: _____

Fire Hydrant Location: _____

Fire Flow in gallons per minute at 20-psi residual pressure: _____ gpm

Name of Water Company: _____

Address of Water Company: _____

City, State, Zip Code: _____

Phone No: () _____ FAX: () _____

Printed Name: _____ Date: _____

Water Company Representative: _____

(Signature)

Comments: _____
