

CITY OF LOS ANGELES DEPARTMENT OF WATER AND POWER APPLICATION FOR WATER PRESSURE - FLOW REPORT (SAR)

Applicant: _____ Date: _____

Company Name: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone No.: () _____ Fax No.: () _____

Email Address _____

• **Service Address:** _____

• Please check if request is for: proposed service () or existing service ()
service number (if known) _____

• Proposed or Existing Service Location (**required**):

* side of _____

_____ feet * of centerline _____

• Legal Description (if known): _____

• Circle below those which apply:

Domestic Meter	Maximum Flow (GPM)
1"	56
1-1/2"	96
2"	160
3" EQ.	220
4"	400
6"	700
8"	1500
10"	2500

Fire Service	Maximum Flow (GPM)
2"	250
4"	600
6"	1400
8"	2500
10"	5000

Fireline/F.M. Service	Maximum Flow (GPM)
8"	2500
10"	5000

• Fire Service Flow Requirements (gpm): _____

• Domestic Service Flow Requirements (gpm): _____

Requests must be made by submitting this completed application, along with a \$50.00 check payable to "Los Angeles Department of Water and Power", to:

Los Angeles Department of Water and Power
Distribution Engineering Section - Water
Attn: Business Arrangements
P.O. Box 51111 - Room 1425
Los Angeles, CA 90051-5700

If you have any questions please contact us at (213) 367-2130 or visit our web site at the address below:

<http://www.ladwp.com>

* N, S, E or W

Thomas Bros. Map Page _____

Water Service Map No.: _____