



**TOWN OF WESTON
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS**

THOMAS E. CULLEN, JR., P.E.
DIRECTOR OF OPERATIONS

RICHARD E. SULLIVAN
Deputy Director of Operations

STEPHEN R. FOGG, P.E.
Town Engineer

DAVID L. FAVA
Water Superintendent

APPLICATION requesting a FIRE FLOW TEST

Please Note: Before this application can be approved, it is mandatory that the billing address for this work is included, either current owner name and address, or contractor name and address that will be pay this, and future bills associated with this property.

Bill to Name and Address: _____

Date: _____

The Undersigned, _____ owner or representative of the premises at, _____ requests the Town of Weston to perform a "Fire Flow Test" at the above location.

The test will be performed at a time and date acceptable to the Town, and will be supervised by Town personnel.

The sum of **\$200.00** paid by the undersigned, to the Town of Weston herewith is in payment of the charge for the above service to be performed.

APPROVED:

APPROVED:

Thomas E. Cullen, Jr., P.E.
Director of Operations - DPW

David L. Fava, Water Superintendent