

Three Hydrant Flow Test Request Form

Date: _____

Address or Intersection: _____

Flow Hydrant Number (if known): _____

Flow Hydrant Number (if known): _____

Residual Hydrant Number (if known): _____

Requestor: _____

E-mail: _____

Phone: _____ Fax(if applicable): _____

Make check payable to: **WaterOne**
Mail check to: **WaterOne**
10747 Renner Blvd
Lenexa, KS
66219

Notes: 2017 three hydrant flow test cost is \$215. For additional assistance, please contact fireflow@waterone.org. Payments may also be made in person at our Renner office. Please include this form with payment.

Official Use Only

Date Check Received: _____

Check #: _____ Cashier Initials: _____

Scan and email request form and any maps to fireflow@waterone.org

Charge to WO [9040929](#) and GL [301200](#)