



**City of Attleboro, Massachusetts  
Water Department**

1296 West Street, Attleboro MA 02703  
Ph: 774-203-1850 Fax: 508-223-2271

**Hydrant Flow Test**

Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant (Person or Company): \_\_\_\_\_

Address: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please note: The person requesting test or a representative must be present at time of test. An employee of the Water Department will be present. The Fire Department may witness test at the discretion of the Office of Fire Prevention.

**LOCATION OF TEST:**

\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Applicant:**

**Test must be conducted by a Qualified Fire Protection Professional**

Must apply and pay fee (\$50) at Attleboro Water Department, 1296 West Street. The Water Department will schedule test.

**A copy of results must be provided to the Office of Fire Prevention 1476 West St, Attleboro MA 02703, fax 508-399-6273 phone 774-203-1922 [pquinn@cityofattleboro.us](mailto:pquinn@cityofattleboro.us) within 48 hours of test. The results MUST be stamped by an Engineer.**

Must place **ad in Sun Chronicle**, 34 South Main St. Ad must run at least two days prior to test, failure to do so may result in cancelation of test.

**Example of Ad:**

Hydrant Flow Test will be conducted on (date) at (time). The location of the test is (address). Some discoloration of the water may result in the area. Please plan laundry activities accordingly. If you experience discolored water for more than 24 hours, contact the Water Department at 774-203-1850.