

**CITY OF GIG HARBOR
FIRE FLOW APPLICATION**

CITY USE ONLY

Date Received: _____
Receipt No.: _____
Received By: _____

Project Name: _____
Request Date: _____
Contact Person: _____
Project Address: _____

Phone Number: _____ Cell Number: _____

Water Purveyor: _____ Phone: _____

For City Use Only

Date Scheduled: _____ Time Scheduled: _____

Hydrant Number: _____

As-Built Plans: Yes: _____ No: _____

Received By: _____

Comments: _____

City of Gig Harbor
3510 Grandview St, Gig Harbor, WA 98335
253-851-6170