



Water Pressure Test Request Form

CUSTOMER INFORMATION

CUSTOMER NAME:		
MAILING ADDRESS:		
PHONE #:	CELL #:	EMAIL:
SERVICE ADDRESS:		
CUSTOMER ACKNOWLEDGES AND AGREES TO:		
<ul style="list-style-type: none"> A. Field water pressure test will be taken at the service address listed above or at a location as close as possible given current field conditions. B. FOWD staff will only test the public water system. C. The FOWD is completing this test at the request of the customer and does not endorse the use of the information provided for any purpose and will assume no liability for its use in any form by others. D. FOWD will deliver the results of the field pressure test by completing this form and emailing it to the email address listed above. E. FOWD charges \$110 to complete a customer requested field water pressure test – this fee must be paid prior to FOWD performing the field water pressure test. 		
SIGNATURE: _____ DATE: _____		

FOR DISTRICT USE ONLY

Location:		
Date	Time	Water Pressure

FOR ASSISTANCE, PLEASE CONTACT CUSTOMER SERVICE

Phone: (916) 967-5723 Fax: (916) 844-3539
 10326 FAIR OAKS BLVD, FAIR OAKS, CA 95628
 EMAIL: CUSTOMERSERVICE@FOWD.COM