



## City of Salisbury Fire Department

325 Cypress Street  
Salisbury, MD 21801  
(410)548-3120  
Fax (410)548-3121



### Application for Fire Flow/Flush Test

Section 1, Test Information			
Application Date:			
Test Type			
<input type="checkbox"/> Hydrant Flow Test	<input type="checkbox"/> Fire Main Flush	<input type="checkbox"/> Fire Pump Test	<input type="checkbox"/> Sprinkler Trip Test
FM Required	FM Required	FM Required for Initial Only	FM Required for Initial Only
Requested Test Date:	Requested Test Time:		
Test Location:			

Section 2, Contractor	
Company Name:	
Address:	
Contact Person:	
Phone Number:	Email:

### City of Salisbury Emergency Contacts

Office of the Fire Marshal  
(410) 548-3120 (M-F, 8:30-4:30 only)  
(443) 359-1602

Utilities Branch  
(410) 548-3103 (M-F, 8:30-4:30 only)  
(410) 749-5151  
(410) 548-3165

**A CHECK PAYABLE TO: THE CITY OF SALISBURY ALONG WITH THIS FORM IS DUE 4 DAYS IN ADVANCE OF THE FIRE FLOW/FLUSH TEST. THEY MAY BE SUBMITTED TO THE OFFICE OF THE FIRE MARSHAL AT 325 CYPRESS STREET .**

**In-City Fee: \$125.00**

**Out-of-City Fee: \$160.00**

**YOU MUST SUBMIT THE ATTACHED ESTIMATED WATER CONSUMPTION FORM WITHIN 48 HOURS**



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### Estimated Water Consumption Form

Date of Test:	Time of Test:	Address of Test:	
Contractor:			
Contractor On-Site Representative:		Phone:	
Test Type: <input type="checkbox"/> Hydrant Flow Test <input type="checkbox"/> Fire Main Flush <input type="checkbox"/> Fire Pump Test <input type="checkbox"/> Sprinkler Trip Test			
Estimated Consumption (U.S. Gallons):			

**YOU ARE REQUIRED TO SUBMIT THIS FORM TO THE OFFICE OF THE FIRE MARSHAL VIA EMAIL OR FAX, WITHIN 48 HOURS OF THE WATER FLUSH/TEST.**

**OFFICE OF THE FIRE MARSHAL**

**[firemarshal@salisbury.md](mailto:firemarshal@salisbury.md)**

**FAX – 410-548-3121**