East Stroudsburg Borough

Flow Test Request

Requester Name: _____

Requester Address: _____

Mailing Address: *(If Different from Requester Address):* _____

_____

Phone: _____ Fax: _____

Email Address: _____

Location of Hydrant: _____

Date Service Required: _____

Intended Use: _____

By signing this Request, the Requester agrees to abide by the Rules and Regulations of East Stroudsburg Borough, in particular the provisions governing the terms, conditions, fees and charges relating to water service.

_____ _____

Signature of Requester Date

A Fee of $350.00 payable to "East Stroudsburg Borough" must accompany this Request.

Submit form and payment in-person or by mail to:

East Stroudsburg Borough
24 Analomink Street
East Stroudsburg, PA 18301