Testing Request Form (public)

Marion County
Board of County Commissioners

Utilities
11800 SE U.S. Highway 441
Belleview, FL 34420
Phone: 352-307-6000
Fax: 352-307-6001

UTILITIES ENGINEERING DEPARTMENT

TESTING REQUEST FORM

Please provide the following information to schedule testing. Failure to provide all of the required information or incorrect information can delay or prevent the scheduling of the test. Form should be e-mailed to Utilities@marioncountyfl.org or faxed to 352-307-4623.

TYPE OF TEST     ___ FORCemain     ___ WATER HYDRANT

CONTACT INFORMATION:
Name: ____________________________________________________________
Address: __________________________________________________________

*Daytime Phone: _____________________  *Cell Phone: _____________________
* Marion County Utilities will use the listed phone numbers to coordinate testing.

Purpose of Testing:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

TERMS AND CONDITIONS:
• Marion County Utilities only witnesses the test and does not provide the equipment or personnel necessary to perform the tests.
• It is the responsibility of the company performing the test to determine the correct location of the test.
• Testing may be cancelled at the Utility’s discretion due to inclement weather, safety concerns, insufficient access to the test site or unforeseen emergencies. The Utility will try to provide as much advanced notice as possible in the event of a cancellation. Cancelled tests will take priority when testing resumes.
• The contractor is responsible for any and all damages and clean-up associated with the test, at the time of testing.

By signing this form, you are agreeing to the terms and conditions stated for testing of hydrants or forcemains in the Marion County Utility System.

Signature: __________________________________________________________
Print Name: ________________________________________________________
Date: ______________________

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