



Request for Private Fire Hydrant Inspection

Facility Name:

Contact Name:

Contact Phone:

Email (required)

(Inspection reports will be emailed to this email)

Facility Address:

of Private Hydrants to be Inspected: (Qty) x \$80/each =

Provide a descriptive location of hydrant(s) onsite.

I am authorizing Shakopee Public Utilities (SPU) to inspect the private hydrants at the above address. I understand SPU will only be inspecting the hydrants identified on this form. This inspection cost does not include any repairs that may be required as a result of this inspection. Inspections will not be conducted without receipt of this form and full payment.

(Please sign here after form is printed.)

Please print this completed form and return with a check made payable to:

**Shakopee Public Utilities
PO Box 540 (by mail)
255 Sarazin Street (in person)
Shakopee, MN 55379**

RETAIN A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.