



**CHARLOTTE FIRE DEPARTMENT
Water-Based Fire Protection Systems
Test Release Form**

The undersigned owner or responsible party hereby authorizes the Charlotte Fire Department to conduct tests on the owner's private water-based fire protection system (fire hydrant, standpipe system, sprinkler system, etc.) to ensure their proper operation and that they meet fire flow requirements. Such systems are located on the property indicated below.

Property/Business Name: _____

Address: _____

Type of System(s) Tested: Private Hydrant ____ Standpipe ____ Fire Sprinkler System ____

Private hydrants shall continue to be included in the Department's hydrant maintenance program until the property owner notifies the Chief of the Department, in writing, that the owner is removing the property's hydrants from the program. The Department shall determine in their sole discretion what inspections and tests shall be conducted and the frequency of such tests. Under no circumstances shall the City of Charlotte be liable in any manner for the failure to conduct any inspection or test. The owner is, and shall continue to be, responsible for all maintenance of such fire protection systems, including but not limited to, painting, repairing, and maintaining unobstructed visual and physical access to all such systems. In addition, the owner is, and shall continue to be, responsible for the costs of any and all water used to inspect and/or test such systems.

The owner hereby releases, and shall indemnify and hold harmless, the City and its officers and employees, from any liability, loss, and costs, including, but not limited to, liability for property damage, loss of income, personal injury, and reasonable attorney's fees, arising or allegedly arising from the condition, operation, testing, or inspection of the subject fire protection systems and related improvements.

This is the _____ day of _____

Party Authorizing Program Participation: _____

Owner/Responsible Party (circle one and print): _____

Address: _____

Signature and Title: _____

City Official Obtaining Authorization: _____

(Name and Division)