

# WATER DISTRIBUTION

## Backflow Prevention Assembly Inspection



Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PROJECT INFORMATION

*\*All fields must be complete, or the application will not be processed*

Job Site Address: \_\_\_\_\_

City Wide Job # \_\_\_\_\_ EN # \_\_\_\_\_

OnSite Contact Person's Name: \_\_\_\_\_

OnSite Contact Person's Phone Number: \_\_\_\_\_

Test Date Preference: \_\_\_\_\_  
*Date*                      *Time*

Assigned City Construction Inspector: \_\_\_\_\_

### INSPECTION FEE

\$77.00 due prior to test being performed. Payable by credit card only.

### PAYMENT INFORMATION

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_