

Backflow Repair and Reinspection Application



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

Service Address: _____

Backflow Assembly Serial Number: _____

Service Address Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Repair Company Name: _____

Repair Technician Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Retest: Please provide company name & contact number of repair technician and copy of backflow test. **\$77.00 due prior to retest being done.** Payable by credit card only.

TERMS AND CONDITIONS

I, the undersigned certify that I am an authorized representative of the above named company/business; that I have carefully read the application instructions; that all information provided to me in this application is true to the best of my knowledge and belief. I also understand and agree that billing(s) for any work associated with this application will be sent to the company listed for prompt payment.

Credit Card Number: _____ Expiration: _____ CVV: _____

Name of Applicant: _____ Email: _____

Signature: _____ Date: _____

REVENUE ACCOUNT TO BE CREDITED: 6101.4653.74111.000000.000000.000000

Updated: June 2025