

# Backflow Repair and Reinspection Application



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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## SERVICE REQUESTED:

**Retest:** Please provide company name & contact number of repair technician and copy of backflow test. **\$71 due prior to retest being done.** Payable by credit card only.

**Test: \$71 due prior to test being done.** Payable by credit card.

## SERVICE ADDRESS/BACKFLOW ASSEMBLY SERIAL NUMBER:

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

Backflow Assembly Serial Number: \_\_\_\_\_

Company Performing Repairs: \_\_\_\_\_

Repair Technician Name: \_\_\_\_\_

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

## 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: \_\_\_\_\_