

Please check whether or not you have the following:

YES NO

Account _____	Lawn irrigation system:	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Fire sprinkler system:	<input type="checkbox"/>	<input type="checkbox"/>
Address _____	Boiler:	<input type="checkbox"/>	<input type="checkbox"/>
City, State Zip _____	Hot tub / spa / pool:	<input type="checkbox"/>	<input type="checkbox"/>

Other:

If yes, specify: _____

Are there any backflow prevention assemblies at your location:

If yes, please list the following backflow assembly information:

Manufacturer: _____ Model: _____ Serial #: _____ Size: _____

I affirm all of the above to be true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____