

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

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

Printed Name: \_\_\_\_\_

Please check whether or not you have the following:

YES NO

Lawn irrigation system:

Fire sprinkler system:

Boiler:

Hot tub / spa / pool:

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: \_\_\_\_\_

Account

Name

Address

City, State Zip

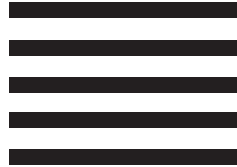
The Village of Irving

MUST TEAR OFF BEFORE MAILING

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NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 118 WORTH, IL

POSTAGE WILL BE PAID BY ADDRESSEE  
BACKFLOW SOLUTIONS, INC.  
PO BOX 246  
WORTH IL 60482-9915

