



**THE CITY OF SAN DIEGO BACKFLOW**  
**TEST FORM REQUEST**

*COMPLETE ONE FORM PER DEVICE*

<b>CUSTOMER INFORMATION</b>		
CUSTOMER NAME _____		
MAILING ADDRESS _____		
PHONE# _____	CELL# _____	FAX# _____
<b>BACKFLOW INFORMATION</b>		
<b>WATER METER</b>	<b>FIRE DEVICE</b>	<b>¾" FIRE DETECTOR</b>
CITY MTR# _____	WATER ACCT# _____	WATER ACCT# _____
DISTANCE FROM METER _____ FEET		
REISSUE TEST FORM    NEW INSTALL    REPLACEMENT - REPLACES SERIAL# _____		
MANUFACTURER: _____	TYPE:    RP            RPDA DC            DCDA	SIZE: _____
SERIAL#: _____	MODEL#: _____	
SITE ADDRESS & LOCATION _____		
INSTALLED PER CITY SPECIFICATIONS    YES    NO <i>IF NO, PLEASE DESCRIBE PROBLEM.</i>		
COMMENTS: _____		
<b>TESTER INFORMATION</b>		
COMPANY NAME _____	PH# _____	FAX# _____
ADDRESS _____		
PRINT NAME _____	GAUGE# _____	
DATE SUBMITTED _____	EMAIL _____	
<b>FOR CROSS-CONNECTION USE ONLY</b>		
FORM COMPLETE	FORM INCOMPLETE AND MAILED TO CUST.	APPROVED
DENIED, EXPLAIN _____		
ASSIGNED TO _____	INSPECTED AND VERIFIED BY _____	

**FOR ASSISTANCE CONTACT CROSS CONNECTION**  
**(858)292-6329 Fax# (619) 533-3280**  
**Mail address: Cross Connection Control Office**  
**9192 Topaz Way, San Diego, Ca 92123**  
**Email: [crossconnect@sandiego.gov](mailto:crossconnect@sandiego.gov)**