



**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>		
<input type="checkbox"/> WATER METER CITY MTR# _____ DISTANCE FROM METER _____ FEET	<input type="checkbox"/> FIRE DEVICE WATER ACCT# _____	<input type="checkbox"/> 3/4" FIRE DETECTOR WATER ACCT# _____
<input type="checkbox"/> REISSUE TEST FORM <input type="checkbox"/> NEW INSTALL <input type="checkbox"/> REPLACEMENT - REPLACES SERIAL# _____		
MANUFACTURER: _____	TYPE: <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA	SIZE: _____
SERIAL#: _____	MODEL#: _____	
SITE ADDRESS & LOCATION _____		
INSTALLED PER CITY SPECIFICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF NO, PLEASE DESCRIBE PROBLEM.</i>		
COMMENTS: _____		
<b>TESTER INFORMATION</b>		
COMPANY NAME _____	PH# _____	FAX# _____
ADDRESS _____		
PRINT NAME _____	GAUGE# _____	
<b>FOR CROSS-CONNECTION USE ONLY</b>		
<input type="checkbox"/> FORM COMPLETE <input type="checkbox"/> FORM INCOMPLETE AND MAILED TO CUST. <input type="checkbox"/> APPROVED		
<input type="checkbox"/> DENIED, EXPLAIN _____		
ASSIGNED TO _____	INSPECTED AND VERIFIED BY _____	
<b>FOR ASSISTANCE CONTACT CRAIG NEWTON (858) 614-5535</b> <b>Fax# (858) 467-0138 Mail address: Cross Connection Control Office</b> <b>5240 Convoy St. Trailer #3, San Diego, Ca 92111</b> <b>Email: cnewton@sandiego.gov</b>		