



Customer Information

Business Name: _____ Water Meter #: _____
Rep. Name: _____ Rep. Phone: _____
Owner Name: _____ Owner Phone: _____

Physical Address: _____
Address City State Zip

Current Assembly Information

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

Type of Service

Containment
Domestic Fire Protection Irrigation
Isolation
State equipment or system isolated: _____

Freeze Protected

Yes
No
N/A

Specify Physical Location:

Removed Assembly Information

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

Test Gauge Information

Manufacturer: _____
Model: _____
Serial #: _____
Last Calibration: _____

Test Information

Table with columns: Test Type, RP, DC, Test Results. Rows include Initial, Annual, Repair tests for CV1 AR, RV, CV2, CV1CR, CV2, Buffer, and DC tests for CV1, CV2, AIV, CV, PVB, SVB.

Comments/Repairs:

Technician Acknowledgement and Signature

I certify that I have tested the above assembly in accordance with the City of Rio Rancho Backflow Prevention and Cross Connection Control Ordinance, and that the information is accurate to the best of my abilities.

Tech. Signature: _____ Date: _____ Time: _____

Tech. Name: _____ Phone: _____ CRR #: _____

Employer: _____ E-mail: _____

Employer Address: _____
Address City State Zip

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