



BACKFLOW TESTING APPLICATION

CUSTOMER INFORMATION (Please print legibly in ink.)

APPLICANT NAME (legal name) First	M.I.	Last
EVWD ACCOUNT NUMBER	PHONE	
EMAIL ADDRESS		
PROPERTY OWNER (if different)	PHONE	
EMAIL ADDRESS		
ON SITE CONTACT NAME First	M.I.	Last
EMAIL ADDRESS	PHONE	
STREET ADDRESS (location)		
MAILING ADDRESS (if different)		
CITY, STATE, ZIP CODE		
TOTAL NUMBER OF BACKFLOW DEVICES		

TERMS AND CONDITIONS

To participate, the customer must either be the EVWD water customer of record with authorization from the property owner for service or the legal owner of the property within EVWD water service area. Customers must provide EVWD with signed written authorization to perform the necessary testing and billing associated with the service provided. Devices tested by EVWD that result in a failure will require the necessary repairs needed to be in compliance. Repairs can be completed by any San Bernardino County Certified backflow prevention assembly tester, or EVWD at the customer’s expense.

EVWD is not responsible for faulty equipment or installation, and does not represent the customer, retailer or manufacturer of any devices. By signing this agreement, you agree to the terms and conditions of the East Valley Water District Backflow Testing/ Service Program.

DISCLAIMER

East Valley Water District reserves the right to deny services if any conditions or qualifications are not met. The District reserves the right to change or end this program and its terms at its discretion at any time without prior notice. By participating in this program, you waive and release East Valley Water District from any and all claims and causes of action arising out of the Testing/ Service of any equipment. Any claim based upon defect or failure of performance will be reviewed on a case by case basis. The customer is responsible for complying with District/State ordinances, restrictions, rules, and regulations prior to the Testing/ Service of any equipment.

I accept the Guidelines and Requirements of East Valley Water District’s Backflow Testing Program.
(Original signatures are required.)

APPLICANT SIGNATURE	DATE
---------------------	------