



AUTHORIZATION TO REMOVE A BACKFLOW PREVENTION DEVICE

Facility Address	
Occupant	Telephone
	Email
Owner	Telephone
Address of Owner	
Name of Qualified Person	Telephone
Business Name	
Business Address	E-Mail

Device Location	Purpose of Device
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RP DVCA PVB

Make _____ Model _____ Serial # _____ Size _____

Reason for removal:

Full disclosure required: this form is intended to assist the qualified person in carrying out an amendment to the current cross connection control survey. It is the responsibility of the owner or building occupier, to bring to the attention of the qualified person all water uses within the premises to permit inspection for potential cross connections and recommendation of corrective actions. Cross connections not identified in the survey may be deemed as works carried out subsequent to the survey in violation of the Building Code and Bylaw 18-026.

***OWNER/OCCUPANT**
 NAME (please print) _____ SIGNATURE _____

***QUALIFIED PERSON**
 NAME (please print) _____ SIGNATURE _____

Please submit the form in full to the City of Waterloo for review and approval. Device removal(s) cannot be completed until authorized by the Backflow Prevention Officer.

FOR OFFICE USE

Approval: _____ **Date:** _____