

BACKFLOW PREVENTION DEVICE REMOVAL FORM



Facility Address	
Occupant	Telephone
	Email
Owner	Telephone
Address of Owner	
Name of Qualified Person	Telephone
Business Name	
Business Address	E-Mail
<p>Device Location Purpose of Device</p> <p style="text-align: center;"> RP <input type="checkbox"/> DVCA <input type="checkbox"/> PVB <input type="checkbox"/> </p>	
Make _____ Model _____ Serial # _____ Size _____	
Reason for removal:	
<p>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 (2008) - 18660.</p>	
*OWNER/OCCUPANT NAME (please print)	SIGNATURE
*QUALIFIED PERSON NAME (please print)	SIGNATURE
Date:	

Planning & Building, Engineering and Environment
Building Services

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