

**REGISTRATION FORM FOR BACKFLOW PREVENTION DEVICES (MULTIPLE)**

**PROPERTY**

Property: Lot ..... DP .....

Address: .....  
.....  
.....

Business Name/DA No: .....

Type of business: .....

Contact Person: .....

Telephone: BH ..... AH .....

Plumber: ..... License No: .....

Installation Date: .....

No. of Backflow Prevention Devices on property: .....

**DEVICE 1**

Hazard rating: .....

Device Type: .....

Manufacturer: .....

Model No: ..... Size (mm): .....

Serial No: .....

Exact Location of Devices: .....

**DEVICE 2**

Hazard rating: .....

Device Type: .....

Manufacturer: .....

Model No: ..... Size (mm): .....

Serial No: .....

Exact Location of Devices: .....

**DEVICE 3**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

**DEVICE 4**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

**DEVICE 5**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

**DEVICE 6**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

**DEVICE 7**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

**DEVICE 8**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

**DEVICE 9**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

**DEVICE 10**

Hazard rating: .....  
Device Type: .....  
Manufacturer: .....  
Model No: ..... Size (mm): .....  
Serial No: .....  
Exact Location of Devices: .....

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