

**REGISTRATION FORM FOR BACKFLOW PREVENTION DEVICE (SINGLE)**

**PROPERTY**

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

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

Development Application: .....

Business Name: .....

Type of business: .....

Contact Person: .....

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

**DEVICE**

Hazard rating: .....

Device Type: .....

Manufacturer: .....

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

Serial No: .....

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

Installation Date: .....

No. Devices on property: .....

Exact Location of Devices: .....

Comments/Sketch of location:

\*\* Please copy this sheet if more than one device is installed – complete one sheet per device.

*The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.*