

# BACKFLOW PREVENTION DEVICE REMOVAL FORM



Facility Address	Facility ID #
Occupant	Telephone:
	Email:
Owner	Telephone:
Address of Owner	
Name of Qualified Person	Telephone:
Business Name	
Business Address	E-Mail:
<p>Device Location <span style="float: right;">Purpose of Device</span></p> <p style="text-align: center;"> <span style="margin-right: 40px;">RP</span> <span style="margin-right: 40px;">DVCA</span> <span style="margin-right: 40px;">PVB</span> <span>SRPVB</span> </p>	
Make _____ Model _____ Serial # _____ Size _____	
Reason no longer required (provide details if hazard is removed, line capped etc.):	
<p><b>FULL DISCLOSURE REQUIRED:</b> 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 Backflow Prevention Bylaw.</p>	
<b>OWNER/OCCUPANT</b> NAME (please print)	SIGNATURE
<b>QUALIFIED PERSON</b> NAME (please print)	SIGNATURE
Date:	

**Building Services**  
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