



Application Form:

Annual Backflow Prevention Assembly Testing Program

Customer Information

Last Name:	First Name:
Mailing Address:	
Phone:	OLWSD Account #: E-mail Address:

Device Information

Site address of backflow device:

I certify the information above is true and correct. I grant permission to Oak Lodge Water Services to schedule the testing with the District's contracted backflow tester and authorize permission to have the District's contracted tester enter the property listed above, to perform the required test and or repair.

By signing this agreement, I choose to voluntarily enter into the OLWS backflow assembly testing program which I understand will include a fee (per assembly) and will be added to my water bill upon completion of the test(s). Fees will be charged according to the then-current OLWS fee schedule.

I also understand any repair cost associated with my device will be my responsibility to pay. I agree to have Oak Lodge arrange the repair of my device(s) in the event one should fail at the time of testing, if the cost does not exceed \$50. Should the cost exceed \$50.00, I will be contacted before any required repair work is done.

By signing below, I understand the terms of this agreement will continue until I contact OLWS to remove myself from the program. Current backflow testing fees will be applied to my water bill each year that I am in this program until I remove myself from the program.

Signature

Print Name

Date

If you have any questions call or email Dave Seifert.

(503) 353-4230

dave@olwsd.org