



## Backflow Preventer Removal Form

This form is to be completed when a Backflow Assembly is removed from service and will not be replaced by another assembly.

Name of Premise: \_\_\_\_\_

Onsite Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Assembly: \_\_\_\_\_  
                    Manufacturer                      Model                      Serial No.                      Size

Type of Assembly:

RPBA                     

DCVA                     

PVBA                     

RPDA                     

DCDA                     

Protection type:

Dedicated Fire                     

Premise Isolation                     

Zone Isolation                     

Area Isolation                     

Fixture Isolation

Reason for Removal of Backflow Assembly

---

---

---

---

---

---

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business phone \_\_\_\_\_  
Business email \_\_\_\_\_

Upon review, an onsite inspection may be required to ensure removal of assembly is not in violation of Bylaw 7249.