DURHAM
1869
CITY OF MEDICINE

For Office Use Only
Acct #: _____
CID #: _____

Opt InkhLJű hdzű Submittal Form for Backflow Preventer Testing Program

The form below must be completed and submitted if you wish to have the City coordinate the testing for you. You may also use this form if you previously "opted-in" but wish to "opt-out" of the program. You may submit the completed form by:

Mail: Opt-In BFP Program
Department Of Water Management
Cross Connection Control Program
101 City Hall Plaza
Durham, NC 27701

Fax : 919-560-1744
Scan and Email: cccprogram@durhamnc.gov

*** Required**

First Name:* _____
Last Name:* _____
Primary Phone:* _____
Alternate Phone: _____
Street Address 1:* _____
Street Address 2: _____
City:* _____
Zip:* _____
Company ID: _____
Account Number: _____
Email: _____

Owner (Check Box if Owner) ☐

Tenant (Check Box if Tenant) ☐

Company ID is optional.

Your Account Number is located on your water bill to the left of "customer name." Use the irrigation account number when possible.

Check One: ☐ **Opt-In** ☐ **Opt-Out**

I understand that the Contractor retained by the City to perform the annual testing of the backflow prevention device at the above noted location is responsible for any damage to my property and that any questions or concerns regarding the testing services should be directed to the Contractor. I understand that required annual test results are good for only one year and that my backflow prevention device must be tested each year in order for it to remain in compliance with the Durham City Code.

_____ (Signature)

_____ (Date)