



BACKFLOW TEST REQUEST FORM

CURRENT FEE \$125 PER DEVICE

CUSTOMER INFORMATION	
CUSTOMER NAME	_____
MAILING ADDRESS	_____
PHONE#	_____
CELL#	_____
EMAIL	_____
SERVICE ADDRESS:	_____
# OF DEVICES:	_____
SIGNATURE	_____
DATE:	_____

FOR ASSISTANCE CONTACT CUSTOMER SERVICE

(916) 967-5723 Fax# (916) 967-0153

Mailaddress: Fair Oaks Water District

10326 Fair Oaks Blvd., Fair Oaks CA, 95628

Email: comes@fowd.com