



Backflow Gauge Registration

A copy of the backflow gauge Calibration certification must accompany this form.

Backflow Gauge Information

Print or type

Gauge serial Number: _____

Manufacturer: _____

Model: _____

Calibration test Date: ____ / ____ / ____

Gauge Owner Information

Owner: _____

Owner's Mailing Address: _____

Bldg: _____ Suite/Apartment: _____ Contact: _____

City: _____ State _____ Zip Code: _____

Phone NO: (____) _____ - _____ Alternate Phone NO: (____) _____ - _____

FAX: (____) _____ - _____ E-Mail: _____
