

# Cross Connection Survey (please return to Village Hall)

Please check whether or not you have the following:

	YES	NO
Lawn irrigation System?		
Fire sprinkler system?		
Boiler?		
Hot tub/spa/pool?		
Other: _____		

Are there any backflow prevention devices at your location?		
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Account: \_\_\_\_\_

Name: \_\_\_\_\_

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

I affirm all of the above to be true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If yes, please list the following backflow device information:

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Size: \_\_\_\_\_

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