



Backflow Prevention Assembly Registration Form

Customer/Business Name & Information

Customer Name:

Service/Property Address: (Number & Street, City, State, Zip Code)

Contact Name (for annual testing notifications) :

Contact Email Address:

Mailing Address (if different from Service Address):

Device Information

Location of Device (proximity to landmarks i.e. curb, meter):

Date of Install:

Type of Service:

Commercial

Construction/Temp

Fire System

Irrigation

Residential

Multi-Family Complex

Device Type:

RPZ

DCDA

Meter Number (required except for unmetered fire service) :

Device Serial Number:

Manufacturer:

Model Number:

Size:

Comments:

Once complete, return this form to the Santa Clarita Valley Water Agency Cross-Connection Control Department at Backflow@scvwa.org. You will receive email confirmation that your backflow has been successfully registered within 3-5 business days. Follow the instructions provided in your confirmation email for inspection and testing.