



# City of Attleboro, Massachusetts

WATER DEPARTMENT  
1296 West Street  
Attleboro, Massachusetts 02703  
Phone 774-203-1850 ♦ Fax 508-223-2271

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

## APPLICATION FOR BACKFLOW PREVENTION DEVICE REMOVAL

Application & Device Inspection Fee: \$50.00 per device

### APPLICANT INFORMATION

Applicant (Facility Name): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

### DEVICE OWNER INFORMATION (if different from applicant):

Owner: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

### CONTRACTOR OR PLUMBER REMOVING BACKFLOW DEVICE:

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

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

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

Telephone: \_\_\_\_\_



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## DEVICE DATA:

Manufacturer: \_\_\_\_\_ Model No: \_\_\_\_\_

Permit No: \_\_\_\_\_

DEVICE TYPE\*: RPZ \_\_\_\_\_ DC \_\_\_\_\_ PV \_\_\_\_\_ SV \_\_\_\_\_

Size: \_\_\_\_\_ Serial No. \_\_\_\_\_

## Device Location:

\_\_\_\_\_  
\_\_\_\_\_

## Reason for Removal:

\_\_\_\_\_  
\_\_\_\_\_

**Please attach a schematic of the piping relating to the device you wish to remove that illustrates that all taps within the facility will still be protected from backflow events.**

Plumbers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Water Department Signature and License Number: \_\_\_\_\_

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

**For all approved applications, the applicant must inform the Department as soon as possible after the device removal(s) take place, as the inspection(s) must be performed within 14 days of the removal.**

\*RPZ- Reduced Pressure Zone Assembly  
DC- Double Check Valve Assembly  
PV- Pressure Vacuum Breaker  
SV- Spill Resistant Vacuum Breaker