



## BACKFLOW REGISTRATION FORM

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

Name of Backflow Tester: \_\_\_\_\_

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

Backflow License Number: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Backflow License Number: \_\_\_\_\_

Gauge Serial Number: \_\_\_\_\_

Date of Last Calibration: \_\_\_\_\_

The individual that enters the vault has confined space training.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Registration Fee:* \$50.00

*Attach Copies of the Following:* TCEQ Backflow License  
Driver License  
Gauge Calibration Report  
Proof of Insurance

Bring the registration form, registration fee, and supporting documents to:

City of Granbury Utility Department  
116 W. Bridge St.  
Granbury, TX 76048  
(817) 573-1114  
ckracy@granbury.org or derwin@granbury.org