

Backflow Prevention and Cross Connection Control Request

Account Name: _____

Account Address: _____

Mailing Address: *(If Different from Account Address):* _____

Property Owner: _____

Contact Person: _____ **Phone:** _____

Email Address: _____

Property Number: _____

Type of Account: Residential Commercial Industrial
 Other (Specify): _____

Service Line Size: _____

Estimated Maximum Daily Consumption: _____

Date Service Required: _____

New Construction: Yes No **Ownership Transfer:** Yes No

Special: Swimming Pool Cooling Water Process
 Food Processor Other (Specify): _____

Backflow Make: _____

By signing this Request, the Requester agrees to abide by the Rules and Regulations of Capital Region Water, in particular the provisions governing the terms, conditions, fees and charges relating to water service.

Signature of Requester

Date

Request for water service only must be submitted at least seven (7) days before service is required. Request for the installation of a service line and connection thereto by Capital Region Water must be submitted at least 30 days prior to the requested installation date.

Please complete and return to:

**Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110**

Capital Region Water Use Only

Inspection Date: _____ **Inspector:** _____

Main Size: _____ **Meter Size:** _____ **Meter Number:** _____

Tap Size: _____ **Meter Size:** _____ **Meter Reading:** _____

Type (Material) of Service: _____

Location of Service: _____

Curb Box to Grade: Yes No

Curb Box Accessible: Yes No

Valve on Curb Side of Meter: Yes No **Type:** _____

Backflow Prevention Installed: Yes No