

### **Application to remove Backflow Prevention Device**

Facility Name:	
Address	
Owner Name:	
Owner Phone Number:	
Contact Name & Phone Number (if different from owner)	

### **Device information**

Device Type: (manufacturer, make, size)	
Device Bar Code or Serial No:	
Location of Device:	
Reason for removal:	

### **Authorization**

CC Technician Signature	
CC Technician Printed Name	
MA DEP CC License #:	
Date	

City of Salem Representative Signature	
Printed Name/Title	
Date	

### **Device Removal Notification**

Please fax back to City of Salem Engineering Dept. (978) 745-0349 or  
Email to Cheryl Cripps: ccripps@salem.com

The above referenced device was removed on (Date of Removal)	
The above referenced device was removed by (signature)	
Printed Name	