Backflow Test Report Receiving Log

Test forms must be received within 5 working days of the test

BACKFLOW SERIAL NO.	Date Tested	TUCSON WATER *	BACKFLOW SERIAL NO.	Date Tested	TUCSON WATER *

Company Name: _____

Person submitting Test Form(s) _____ Date: _____

Tucson Water Representative _____ Date: _____

* Indicates receipt of test forms only

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