

# BACKFLOW PREVENTION HAZARD RATING REVIEW

Please complete this form to review Backflow Prevention Hazard Rating and return to Dubbo Regional Council.

| APPLICANT DETAILS  |   |
|--|---|
| Title  | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - Please specify: |
| Name/s   |   |
| Date of Birth<br><i>Optional</i>                                 |   |
| Residential Address<br><i>Include City, State &amp; Postcode</i> |   |
| Postal Address<br><i>Include City, State &amp; Postcode</i>      |   |
| Contact Number   |   |
| Email Address  |   |

| BUSINESS DETAILS   |  |
|--|--|
| Your Name  |  |
| Company Name   |  |
| ABN  |  |
| Company Address<br><i>Include City, State &amp; Postcode</i> |  |
| Postal Address<br><i>Include City, State &amp; Postcode</i>  |  |
| Contact Number   |  |
| Email  |  |

| PROPERTY DETAILS |  |          |  |              |  |
|------------------|--|----------|--|--------------|--|
| Lot No           |  | DP/SP No |  | House Number |  |
| Street/Road      |  |          |  |              |  |
| Town             |  | State    |  | Postcode     |  |

| METER/FIRE SERVICE DETAILS                             |                               |                                 |                              |
|--|-------------------------------|---------------------------------|------------------------------|
| Business Type/Activity                                 |                               |                                 |                              |
| Meter Serial Number                                    |                               | Meter Size                      |                              |
| Is this a Fire Service?                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |                              |
| Current Backflow Hazard Rating                         | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low |
| Type of Backflow Prevention Device Currently Installed |                               |                                 |                              |
| Backflow Serial Number                                 |                               | Backflow Size                   |                              |

| PLUMBERS DETAILS                        |                              |
|---|------------------------------|
| Backflow Accredited Plumber's Name      |                              |
| Backflow Accredited Plumber's Signature |                              |
| Plumber's Licence Number                |                              |
| Backflow Accreditation                  | <input type="checkbox"/> Yes |

| REASON FOR REQUEST   |                               |                                 |                              |
|--|-------------------------------|---------------------------------|------------------------------|
| PLEASE ATTACH ALL SUPPORTING INFORMATION TO ASSIST WITH YOUR REQUEST |                               |                                 |                              |
| What backflow prevention device hazard rating are you requesting     | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low |
| Reason:  |                               |                                 |                              |
|  |                               |                                 |                              |

| APPLICANT SIGNATURE |  |
|---------------------|--|
| Signature           |  |
| Print Name          |  |
| Date                |  |

**PRIVACY NOTE:**

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