

Sheffield Village Backflow Prevention Device Survey

4480 Colorado Ave. Sheffield Village, Ohio 44054 440-949-6209

Aco	count Information:		
	Service Address:		_
1.	Is this a Commercial/Industrial Address?	Yes/No (If no, proceed to no	ext question)
	Business Name (if applicable):		
	Property Owner's name:	Phone:	
	Owner's Address (if different than service add	dress):	**************************************
	Property Manager's name (If different than se	ervice address):	Phone:
	Property Manager's Address (if different than service address):		
1. C	Oo you have a backflow prevention device	on your property now? Yes /	No
	If yes, where:		
2. F	lave you installed any on your premises ir	the last 12 months? Yes / No	
	If yes, describe:		
2 0	Person completing form:		
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	Name:		
	Address:	Phone:	
	Signature:	Date:	

4. Have you submitted your Backflow Device inspection for the current year? Yes/No If no, please submit report to prevent disconnection of service.

Please note: The owner of the property is responsible to have all backflow prevention devices inspected annually. Failure to do this may result in your water service being disconnected. If more information is needed, please call the Sheffield Village Water Department at 440-949-6209. You can also email questions or reports to kima@sheffieldvillage.com. Inspection report forms and Village specifications for devices can be found at the Sheffieldvillage.com website.