



CROSS CONNECTION CONTROL
Device Removal Report

43 Stewart Road
Collingwood ON L9Y4M7
(705) 445-1581 ext 3321

Note: *This form must be legible, printed and completed in blue or black ink. This form must be returned to the Town of Collingwood within 14 days of completion.*

Occupant:	Contact:	Phone:
Building Address:	Email:	
Owner:	Phone:	
Owners Address:	Email:	
Quilified Contractor Performing Removal:	Phone:	
Qualified Contractor/ Company Name:	Email:	
OWWA Certification #:	Removal Date:	

Current Backflow Prevention Device

Reason for Device Removal:			
Type of Device: RP (F) <input type="checkbox"/> DCVA (F) <input type="checkbox"/> (SR) PVB <input type="checkbox"/>	Device Location:		
Device Make:	Model:	Serial #:	Size:
Installed On: Premise Isolation <input type="checkbox"/> Internal Device <input type="checkbox"/>	Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other <input type="checkbox"/>		
<p>Note: <i>A plumbing permit is required and can be obtained from the Town of Collingwood Building Services, prior to commencing any installation work. A permit is not required for repairing or testing an existing backflow preventer.</i></p>			
Building permit #			

Replacement Device

Type of Device: RP (F) <input type="checkbox"/> DCVA (F) <input type="checkbox"/> (SR) PVB <input type="checkbox"/>	Device Location:		
Device Make:	Model:	Serial #:	Size:
Installed On: Premise Isolation <input type="checkbox"/> Internal Device <input type="checkbox"/>	Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other <input type="checkbox"/>		
<p>Note: <i>A completed Town of Collingwood Cross Connection Control Testing and Inspection Report, for the replacment Device must be submitted with this form.</i></p>			

Signature of Certified Tester:	Date:
Signature of owner/tenant:	Date:



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Please provide a detailed sketch of the incoming water service(s). Include details such as the water meter, backflow preventers and bypasses:

Comments, recommendations:

Street Address of Property:

Occupant/ Business Name:

Owner or Authorized Signature: