

**JOINT MUNICIPAL  
WATER AND SEWER COMMISSION**

**BACKFLOW PREVENTION**

**ANNUAL TESTING AGREEMENT  
FOR COMMERCIAL CUSTOMERS**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

I request that the Joint Municipal Water and Sewer Commission perform the annual testing of my backflow prevention assembly. I understand that charges associated with this testing will be charged to my account in accordance with the Commissions rate schedule. I may cancel this agreement at any time with thirty (30) days written notice.

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Authorized Signature

Date