

Application to review Backflow Prevention Hazard Rating



(All fields of this form must be completed)

Owner/Occupier	
Address	
Contact Name	
Contact Phone Number	
Business Type / Activity	
Meter Serial Number	
Meter Size	
Is this a Fire Service?	Yes No
Current Backflow Hazard Rating	High Medium Low
Current Type of Backflow Prevention Device Installed	

Reasons for requesting a change in backflow hazard rating (please attach all supporting information to assist your claim)

Backflow Accredited Plumber's Name	
Backflow Accredited Plumber's Signature	
Plumber's License Number	
Backflow Accreditation Number	
Date	

Postal Address: PO Box 81 Dubbo NSW 2830 | **Email:** council@dubbo.nsw.gov.au | **Fax:** (02) 6801 4259

Office Use Only

Date Received:	Date Entered To Wastelink:	Approved by: (Name & Signature)	
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