

City of Marietta, Ohio

Backflow/Cross Connection Department

2000 Fourth Street*P. O. Box 774

Marietta, OH 45750

Tel: 740-374-6864*Fax: 740-376-2002

E-mail: wtpm@mariettaoh.net

DUE DATE:

Carbonated Beverage/Post Mix Dispenser Certification Form

This form is to be completed by a Certified Service Representative from the company that your business obtained the carbonated beverage dispenser.

Property Owner	Business Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Area code*Phone No.	Area Code*Phone No.

As a Certified Service Representative, I have inspected the Double Check Backflow Device (s) installed on Carbonated Beverage/Post Mix Dispenser. I hereby certify that the backflow device(s) is in proper working condition at this location.

Certified Service Representative

Date

Company

Phone Number

E-mail address

Fax Number

This form is to be returned to the City of Marietta, OH Backflow Department at the above address on or before the due date. Failure to comply will result in water termination.

If you have any questions, we may be contacted at the above address.