

**Please Fill THIS FORM OUT then fax or e-mail along with the
City Of Tampa/Hillsborough County test sheet(s)**

Olin Plumbing Inc. CFC142800/BF 3752

3201 E 8th Ave

Tampa, FL 33605

Phone: (813) 443-5820

Fax: (813) 746-0940

Web: PlumbersTampa.com

E-mail: Info@OlinPlumbingInc.com

I _____

(Please PRINT first and last name)

Company Name _____

Billing Address _____

Phone Number _____

Fax Number _____

Cell _____

E-Mail _____

Location of Device _____

(Address of device & location on property)

Number of Devices _____

Would you like us to send Invoice/Test Sheet(s) by E mail ____ Or the Mailing Address ____?

I authorize Olin Plumbing Inc. to test the backflow device at the above location.

I understand the water needs to be turned off when the devices are being tested.

I will not hold Olin Plumbing Inc. responsible for any damages or inconvenience that may occur due to water being turned off.

I understand that there may be an additional charge for devices that can't be easily accessed or devices that require additional time to locate.

I understand that the backflow devices are mechanical and will not hold Olin Plumbing Inc. responsible for devices that do not recover from the test.

I understand and agree to pay Olin Plumbing Inc. \$25 for each backflow report filed with the City or County. Regardless whether the backflow device passes or fails the required test or whether or not the device has been removed or cannot be found.

I understand and agree to pay the balance upon receipt and if payment is not made, for test or repairs within 7 days I agree to pay all the expenses and fees that Olin Plumbing inures to collect money owed. This includes office supplies, labor, postage, lien fees, attorney fees and court costs, unless other arrangements have been made.

Signature owner or agent _____ Date _____