

GALLATIN PUBLIC UTILITIES

Water Sewer & Natural Gas

239 Hancock Street

Gallatin, TN 37066

Phone: 615-451-5922 Fax: 615-452-0568

Cross-Connection Control Device Installation and Testing Agreement

Date: _____

Customer Name: _____

Service Address: _____

Mailing Address: _____

Account Number: _____

Telephone Number: _____

I, _____, understand and agree that an approved backflow prevention device shall be installed and tested on the water service for all facilities classified as commercial, industrial, or those with fire protection or irrigation systems as set forth in Sections 17-86 thru 17-99 of the Gallatin Municipal Code. I further understand and agree that these requirements must be met before my water service will be continued. I understand that if I fail to comply with these requirements within thirty (30) days of this agreement, my service is subject to disconnection and until all requirements are met.

Signature: _____