



## Backflow Inspection Authorization Form

I authorize Nueces County Water Control and Improvement District 4 to hire a private contractor to inspect my backflow prevention device on an annual basis.

This contractor (Affordable Backflow) will have access to my private property in order to conduct this inspection and may be given my contact information.

I understand that I will be charged a testing fee and administration fee to be reflected on my statement.

Customer Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Please return the completed form to:

Nueces County Water District 4

200 Howard Blvd

Port Aransas, TX 78373

OR

Email: [info@ncwcid4.org](mailto:info@ncwcid4.org) Fax: (361) 749-5799