



City of Post Falls

Public Works Department
Water Division

IRRIGATION SYSTEM REGISTRATION - 2012

INSTALLATION DATE: _____

HOMEOWNER INFORMATION

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Work): _____

LOCATION OF BACKFLOW PREVENTION ASSEMBLY: _____

Additional Info: _____

INSTALLER INFORMATION

BUSINESS NAME: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email: _____

*This form must be submitted with a backflow assembly test report upon installation of a new system and meet current City of Post Falls standards for landscape irrigation systems.