

Pennsylvania American Water

RESIDENTIAL DUAL CHECK INSTALL / REPAIR / REPLACE FORM

To be completed by the person performing the work

Name: _____ Company: _____ Telephone: _____

Signature: _____ Address: _____ Fax: _____

Certificate #: _____

REPAIRS MADE & MATERIALS USED: _____

NEW DEVICE INFORMATION (IF REPLACED):

Mnf/Model #: _____ Size: _____

Serial #: _____ Type: _____

DEVICE INFORMATION:

Mnf/Model #: / Size:

Serial #: Type:

LOCATION INFORMATION:

Service For: Account #:

Service Address: Premise #:

Meter #:

BFD Location:

RETURN THIS TEST NO LATER THAN:

TO: Pennsylvania American Water
Attn: Cross Connection Department
2699 Stafford Ave
Scranton, PA 18505 Fax: 570-341-3296