



## “OPT IN”/ “OPT OUT” FORM

Cross Connection Program (CCP)

Account Number: \_\_\_\_\_

Service Address \_\_\_\_\_, Sunriver, OR

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Owner

Renter

Property Mgmt

Builder

In order to comply with Oregon Administrative Rule 333-061-0070 I understand that by selecting the applicable “**Opt In**” box, Sunriver Water LLC will provide the annual testing of my Backflow Prevention Assembly (BPA). I understand that if I wish to discontinue Sunriver Water LLC performing my annual device testing, I need to “**Opt Out**” of the program and provide a copy of the device testing by **June 30<sup>th</sup>** of each year. I also understand that I am responsible for any maintenance, repair or replacement of this device if necessary.

**Opt In:** Please test all BPAs on file for the above service address. (\$40.00 per device to be charged on my water/sewer account. I understand that copies of my test report are available upon request.

**Opt In:** Please only test the premise isolating BPA for the above service address. (\$40.00 to be charged to my water/sewer account.) I understand that copies of my test report are available upon request.

**Opt Out:** I understand that I am responsible for the annual testing and insuring that test results are forwarded to Sunriver Water by **June 30<sup>th</sup>** of each year.

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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