



BACKFLOW “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 30th** 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 ensuring that test results are forwarded to Sunriver Water by **June 30th** of each year.

Mailing Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Signature _____ Date _____