



**City of Nevada City  
Sewer Backflow Prevention Device Inspection**

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

**Service Address:** \_\_\_\_\_  
(Must be posted in minimum 3" numbers – clearly visible )

**Billing Address:** \_\_\_\_\_  
(If different than above)

APN #: \_\_\_\_\_

Owner: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**\*\*\*\*\*Office Use Only\*\*\*\*\***

**I have inspected the above-referenced structure and it has a properly installed sewer backflow prevention device that meets the requirements of Resolution 2005-12.**

Signature: \_\_\_\_\_  
City Engineer or Public Works Official

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

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

NOTES: