



Harlingen Water Works System
Central Warehouse Facility
Inspections Department
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**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE
APPLICATION FORM**

PLEASE PRINT

Contact Information

Last Name

First Name

Middle Name

License #: _____

Company Name: _____

Mailing Address: _____

(Please include street address; P.O. Box numbers CANNOT be used.)

City

State/Province

Zip/Postal Code

County

Phone Number: _____

(Please include area code)

Fax Number: _____

(Please include area code)

Email: _____

(If you have more than one e-mail address, please list only the one that works best.)

One form per tester, copy of Certificate and License required.