



CITY OF COLORADO CITY WATER DEPARTMENT

180 W. 3RD, PO BOX 912
COLORADO CITY, TX 79512
PHONE: (325) 728-5331; FAX: (325) 728-2597

IRRIGATION REGISTRATION

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS OF IRRIGATION SYSTEM: _____

SURVEY*: _____ BLOCK*: _____ LOT*: _____

LATITUDE/ LONGITUDE: _____

IS THERE A BACKFLOW PREVENTION DEVICE INSTALLED TO PREVENT THE WATER FROM
ENTERING THE CITY'S WATER SYSTEM? YES NO

IF YES, PLEASE PROVIDE THE TYPE, MAKE, AND MODEL. _____

PLEASE PROVIDE THE LOCATION OF BACKFLOW PREVENTION DEVICES AND COPY OF LAST TIME
DEVICE WAS TESTED.

I THE UNDERSIGNED UNDERSTAND THAT THE INFORMATION PROVIDED IS TO HELP PREVENT
THE POLLUTION OF THE CITY OF COLORADO CITY'S WATER SYSTEM.

I UNDERSTAND BEFORE ANY WORK MAY BE DONE ON AN IRRIGATION SYSTEM WITHIN THE
CITY OF COLORADO CITY THAT A PERMIT MUST BE OBTAINED FROM THE CITY.

I ALSO UNDERSTAND THAT I MUST HAVE A BACKFLOW PREVENTION DEVICE INSTALLED PAST
THE CITY'S METER IN ORDER TO PREVENT WATER FROM FLOWING BACK INTO THE CITY'S
SYSTEM AND IF ONE IS NOT INSTALLED ONE MUST BE INSTALLED AND TESTED BY A LICENSE

* INFORMATION IS AVAILABLE FROM MITCHELL COUNT APPRAISAL DISTRICT.

PROFESSIONAL WITHIN 90 DAYS OF SIGNING THIS REGISTRATION. FAILURE TO DO SO CAN RESULT IN THE DISCONNECTION OF WATER SERVICE FROM THE CITY OF COLORADO CITY.

Printed Name

Signature

Date