



Servicing to Condominium/Private Town Homes/Industrial, Commercial,
Institutional Buildings

Service Request Form

Project Name: _____
19T # / Project Number: _____

Map attached: **Yes** **No**

Planning File #: _____

Phasing #: _____

Consulting Engineer: **Firm:** _____

Contact Name: _____

Contact number: _____

Contact Address: _____

Email: _____

Developer: **Firm:** _____

Contact Name: _____

Contact Number: _____

Contact Address: _____

Email: _____

Contractor: **Firm:** _____

Contact Name: _____

Contact Number: _____

Contact Address: _____

Email: _____

City of Vaughan Municipal Inspector Assigned: _____

Backflow Preventer **Date Installed:** _____

Installation: **Backflow Preventer type & I.D.:** _____

Model #: _____

Serial #: _____

Certified By: _____

Witnessed By: _____

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Date of Water Meter Chamber Installation: _____

(If required)

Make & Type: _____

Size: _____

Model #: _____

Serial #: _____

Installed by: _____

Witnessed by: _____

Fire Service Connection: Yes No

If Fire Protection Exists:

Backflow Preventer Installed:

Size of Pipe: _____

Date: _____

Backflow Preventer Type & Serial #: _____

Certified By: _____

Swabbing:

Date: _____

Witnessed by: _____

Number of Swabs: _____

**Turbidity Test:
(1.0 NTU or less)**

Conducted by: _____

Results: _____

Pressure Test:

Date: _____ Pass Fail

Pressure Test #: _____

Pressure Test Issued: _____

Date of Chlorination:

Date Witnessed: _____

Witnessed By: _____

Date of Dechlorination:

Date Witnessed: _____

Witnessed By: _____

**Microbiology:
(Sample #1)**

Date of Sample: _____

Date of Results: _____

Pass Fail

Resample (if applicable): _____

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Microbiology: Date of Sample: _____
(Sample #2) Date of Results: _____
Pass Fail
Resample (if applicable): _____

Backflow Preventer Witnessed by: _____
Removed: Date Witnessed: _____

Closure Spool Installed: Date: _____
Witnessed by: _____

Installation of Water Meter: Date Completed: _____

Flushing Program: Commenced: _____
(If Required) Details of Program:

Available for Distribution: **Date:** _____

Operator Assigned to Oversee Maintenance: _____

Approved by: _____