COMPLIANCE LETTER

Date_____

SUFFOLK COUNTY WATER AUTHORITY
CROSS CONNECTION CONTROL DEPT.
4060 Sunrise Hwy
PO Box 38
Oakdale, NY 11769

RE:

I request that water service be provided to the above- referenced facility and certify that the information provided in the New York State Department of Health Application for Backflow Prevention Devices DOH-347 provided by my representative is accurate. This request is being made with the understanding and agreement that we will at our expense comply with any, and all changes requested by the New York State / Suffolk County Department of Health Services and Suffolk County Water Authority as a condition of service.

The Public Health code prohibits any connections before a backflow prevention device. Should any connections be made, I understand that I am in violation, and I must take appropriate action to remove said violations. Should we fail to comply with these requests, it is understood that the service will be terminated within 30 days.

Very truly yours,

_____
(Owner's signature)

Name: _____
(please print)

Mailing Address: