

Kentucky American Water
Backflow Prevention Installation Report
(Separate form must be completed for each device)

Customer Name: _____

Service Address: _____

Device:

Type : _____

Manufacturer: _____

Size: _____ Model: _____ BF Serial #: _____

BFD Location: _____

Comments: _____

Installed by: _____

Date : _____

Time: _____

*******Water will not be turned on until BFD sheet is completed.*******

Form must be filled out completely and returned to: Kentucky American Water
102 North Main St.
Owenton, Ky. 40359
Attn.: LeeAnn Osborne
Fax: (502) 484-1265