



TOWN OF TEWKSBURY

FIRE DEPARTMENT

21 TOWN HALL AVENUE
TEWKSBURY, MASSACHUSETTS 01876

Michael Hazel, Chief of Department
Phone (978) 640-4410 ~ Fax (978) 640-4415

Backflow Prevention Device Inspection

The water supply line to the sprinkler system located at

Street Address: _____

will be temporarily closed in order to properly test the building's backflow prevention device(s). This test may cause a water flow fire alarm signal. The water supply will not be closed until the Town's Water Department backflow inspector or its representative is present at the facility.

The test is scheduled to take place on

Date: _____ **Time:** _____ AM / PM.

The water supply line will be restored immediately upon completion of the backflow test and all fire alarm panels, devices, and monitoring services will be restored to their normal, operable state.

If the building fire alarm sounds during the test, the on site contact will be

Name: _____ **Phone:** _____

PLEASE FAX THIS FORM TO (978) 851-8520 PRIOR TO THE TEST

The purpose of this form is to notify the Fire Department prior to your back flow prevention test to prevent the unnecessary response of emergency vehicles to your location. This form will also satisfy the permit requirement for the temporary shutdown of the water supply to your fire sprinkler system. You may also mail or hand-deliver this form to the Fire Department; please allow time if mailing.