

APPENDIX "D"
TO
BY-LAW # 50-2004

CERTIFICATE OF COMPLIANCE

Building Address: _____ Date: _____

Owner Name: _____

Occupant Name: _____

Contact Person: _____

Phone #: _____

Authorized Person (Please Print): _____

Testers' Certificate Number: _____

This is to certify that all existing cross connections and required backflow prevention methods and devices at the above noted address are in compliance with the City of Stratford Cross Control Connection By-law # 50-2004 .

Signature of Owner: _____

Signature of Authorized Person: _____