



**WOODINVILLE WATER DISTRICT**

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Woodinville, Washington 98072-1390  
(425) 487-4125  
FAX (425) 485-6381  
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**Woodinville Water District's Backflow Testing Opt out Form**

I \_\_\_\_\_ request to opt out of the Woodinville Water District's Backflow Testing Program. I understand I am responsible for any fees or services incurred prior to opting out of the testing program.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Customer # \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_