

**JEA RESIDENTIAL IRRIGATION CUSTOMER AFFIDAVIT FORM**

1. THIS FORM TO BE COMPLETED BY PROPERTY OWNER OR RESIDENT RESPONSIBLE FOR JEA UTILITY ACCOUNT.
2. ONCE COMPLETED AND WITNESSED BY THE BACKFLOW INSTALLER THIS FORM SHALL BE SUBMITTED TO:  
JEA CROSS CONNECTION CONTROL  
21 W. CHURCH STREET T-8  
JACKSONVILLE, FL 32202  
EMAIL: [backflow@jea.com](mailto:backflow@jea.com)

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

I \_\_\_\_\_ (PROPERTY OWNER OR RESPONSIBLE RESIDENT) ATTEST TO THE FOLLOWING:

- A. I AM AWARE THAT IT IS A VIOLATION OF JEA'S RULES & REGULATIONS FOR WATER, SEWER AND REUSE POLICY TO HAVE ADDITIONAL SERVICE CONNECTIONS BETWEEN THE IRRIGATION METER AND THE BACKFLOW PREVENTER, AND
- B. TO THE BEST OF MY KNOWLEDGE, THERE ARE NO ADDITIONAL SERVICE CONNECTIONS BETWEEN THE IRRIGATION METER AND THE BACKFLOW PREVENTER.
- C. BACKFLOW PREVENTER LOCATION IS IN A LOCATION THAT IS EASILY ACCESSIBLE FOR JEA AND THIRD PARTY ACCESS FOR INSPECTION.

\_\_\_\_\_  
(PRINT NAME)

OWNER  
 RESPONSIBLE RESIDENT

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

RESIDENCE REQUESTING ALTERNATE LOCATION OF BACKFLOW ASSEMBLY INSTALLATION:

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE)

WITNESS NAME: \_\_\_\_\_ WITNESS: \_\_\_\_\_

WITNESS ADDRESS: STREET: \_\_\_\_\_ COUNTY: \_\_\_\_\_

WITNESS DATE: \_\_\_\_\_