



Public Services Department
Water Division

New Irrigation System Registration

Homeowner Name: _____ Installation Date: _____

Service Address: _____
Street City, State Zip

Mailing Address: _____
Street City, State Zip

Contact Information: _____
Telephone Mobile Email

Location of Backflow Prevention Assembly: _____

Additional Info: _____

Installer Information

Business Name: _____

Mailing Address: _____
Street City, State Zip

Contact Information: _____
Telephone Mobile Email

*This form must be submitted with a backflow assembly test report upon installation of a new system and meet current City of Post Falls standards for landscape irrigation systems.