



# COMMERCIAL FACILITY IRRIGATION ASSESSMENT ASSESSMENT FORM

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

## PROPERTY INFORMATION (UTILITY SERVICE ADDRESS)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Austin Water Accountholder: \_\_\_\_\_

Austin Water Service Account Number(s) (if available):

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

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

AW Authorized Irrigation Inspector: \_\_\_\_\_

AW Inspector Number: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Meter Number(s)	Associated Backflow Device Type
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

# COMMERCIAL FACILITY IRRIGATION ASSESSMENT – ASSESSMENT FORM

**Controller Brand, Model, And Location** *(number each controller on the Inspection Form)*

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

**System Passed or Failed:** *(Indicate in the box below) (please explain if failed)*

**SUBMIT FORM TO:**

**Mail:** Austin Water Conservation, PO Box 1088, Austin, TX 78767

**Email:** [FacEvalSubmit@AustinTexas.gov](mailto:FacEvalSubmit@AustinTexas.gov)

**Fax:** 512-974-3504