

# DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

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OFFICE 602-364-1003 FAX 602-364-1052

## UTILITY TESTING REPORT FORM

Permit Number \_\_\_\_\_

Installation Address \_\_\_\_\_

Unit Manufacturer \_\_\_\_\_

HUD Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Installer Name \_\_\_\_\_ License Number \_\_\_\_\_

Installation Certificate Number \_\_\_\_\_

Dealer Name \_\_\_\_\_ License Number \_\_\_\_\_

Dealer Address \_\_\_\_\_

### ALL TESTS SHALL COMPLY WITH 24 CFR §§ 3280 AND 3285

**Note:**

Water -3285.603

Sewer -3285.604

Electric -3285.701

Gas -3285.605

WATER TEST 3280.612 \_\_\_\_\_

SEWER TEST 3280.612 \_\_\_\_\_

GAS TEST 3280.705 \_\_\_\_\_

ELECTRICAL TEST 3280.810 (b) \_\_\_\_\_

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

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

NOTES:

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