



Date Installed \_\_\_/\_\_\_/\_\_\_

# City of Brooklyn Park Operations Maintenance Utilities Division Irrigation RPZ Test Report

Complex/Building Name: \_\_\_\_\_

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

City: Brooklyn Park State: MN Zip: \_\_\_\_\_

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

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

\_\_\_\_\_

Management Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Device Location: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Size: \_\_\_\_\_

Year in Test Cycle:  1  2  3  4  5/Rebuild

Testers Company: \_\_\_\_\_

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

Certification Number: \_\_\_\_\_

Sign & Date Device Tag:  Yes  No

Tested By: \_\_\_\_\_ Print: \_\_\_\_\_

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

All sections of this report must be completed and returned to the City within two weeks of meter installation.

Contact: [Brian.Weidema@brooklynpark.org](mailto:Brian.Weidema@brooklynpark.org) 763-493-8074

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