

Thermal Expansion Tank Certification

Customer Name: _____

Service Address: _____

Account Number: _____

Check One:

_____ The undersigned hereby represents(s) and warrant(s) to The City of Delaware Ohio Utilities Department that on _____ a properly sized thermal expansion tank was installed at the residence identified above.

_____The undersigned hereby represents(s) and warrant(s) to The City of Delaware Ohio Utilities Department that there is currently installed a thermal expansion tank in the residence identified above, and to the best of the homeowner’s knowledge, the thermal expansion tank is properly sized for the installation.

_____The undersigned hereby represents(s) and warrant(s) to The City of Delaware Ohio Utilities Department that a properly sized thermal expansion tank will be installed within forty-five days of receiving this letter.

The undersigned agrees that The City of Delaware Utilities Department may rely upon this Certification Concerning Installation / Existence of Thermal Expansion Tank.

_____ Signature of Customer

Date

_____ Signature of Plumber (if

any) making installation

Date

