



**UNDERGROUND SPRINKLER SYSTEM
RAIN SENSOR CERTIFICATION FORM**

To be tested & submitted each Spring BEFORE irrigation use

Test Date: _____	Pass	-	Fail
Retest Date: _____	Pass	-	Fail
(Retest only if initial Test FAILED)			

Water Department Registration #: _____

Owners Name: _____
(PLEASE PRINT)

Test Address: _____

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Irrigation Company: _____
PLEASE PRINT)

Inspector Name: _____
(PLEASE PRINT)

Inspector's Signature: _____ **Date:** _____