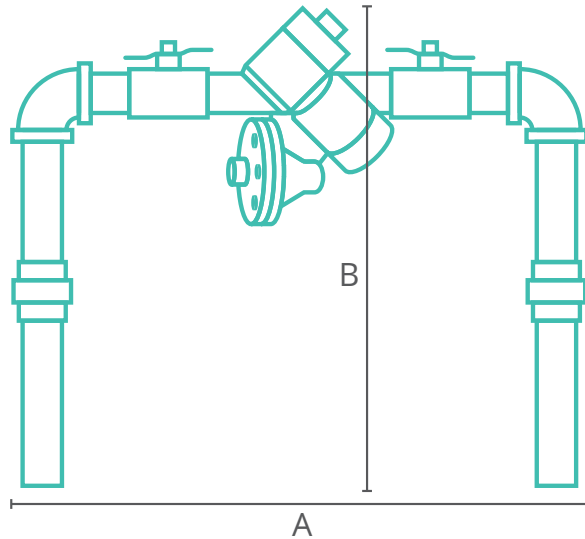


# BACKFLOW BAGMAN

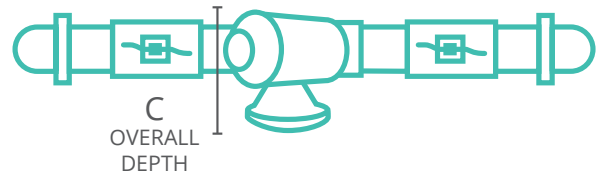
Measuring Tool

## SMALL DEVICE FORM

SIDE VIEW



TOP VIEW



### Personal Information

FIRST NAME		LAST NAME	
PHONE NUMBER		EMAIL ADDRESS	
ADDRESS			
CITY	STATE	ZIP CODE	

### Device Measurements

MEASUREMENT A
MEASUREMENT B
MEASUREMENT C

I certify that the above listed measurements are the actual dimensions of the device in the field.

SIGNATURE	DATE
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Mail completed form to: 11251 Coloma Road, Suite G Gold River, CA 95670

You can also email it to us at [info@backflowbagman.com](mailto:info@backflowbagman.com)

Need help? Call 916.827.0066 to schedule a free appointment.