



## RAIN, MOISTURE AND FREEZE SHUT-OFF DEVICE

PROVIDE COMPLETED LETTER SIGNED BY AN IRRIGATOR LICENSED WITH THE STATE OF TEXAS

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

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

CO#: \_\_\_\_\_

**"I have tested the irrigation system and its associated components and determined it is functioning in accordance with all applicable state and local laws, ordinances, rules, regulations and/or orders. The rain or moisture and freeze shut-off device(s) is fully operational and functioning according to the manufacturer's specifications."**

Name of Licensed Irrigator: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Signature of Licensed Irrigator: \_\_\_\_\_

Seal

