



**PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF PLUMBING
500 MERO ST, 1ST FLOOR
FRANKFORT, KENTUCKY 40601-1987**

WATER HEATER REPORT FORM

MANUFACTURER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NAME _____

MAKE: _____ MODEL NUMBER: _____

- GAS
- ELECTRIC
- OIL
- OTHER FUELS

SIZE: _____ GALLONS

SERIAL NUMBER _____

DISTRIBUTOR _____

ADDRESS _____

CITY _____ COUNTY _____ ZIP CODE _____

DATE SOLD _____

PLUMBING CONTRACTOR _____

ADDRESS _____

DATE SOLD _____

HOME OWNER _____ LICENSE NUMBER _____

INSTALLING ADDRESS _____ PERMIT NUMBER _____

(Street or Highway)
CITY _____ COUNTY _____ ZIP CODE _____

DATE OF FINAL _____

DAYTIME PHONE NUMBER FOR FINAL INSPECTION _____

