



# Member Information Form

## Utility Information

Utility Name: \_\_\_\_\_

**Fill-in applicable information:**

Water Utility: <input type="checkbox"/>	Wastewater Utility: <input type="checkbox"/>	Storm Water Utility: <input type="checkbox"/>
PWS ID#: _____	Permit# _____	Permit# (if applicable)
Connections: _____	Connections: _____	_____
Type of System:		
<input type="checkbox"/> Groundwater OR		
<input type="checkbox"/> Source Water		

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

24 Hour Telephone# \_\_\_\_\_

## Authorized Official: Primary Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Emergency Telephone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Additional Personnel Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Emergency Telephone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Operation Center:

Name: \_\_\_\_\_

Emergency Telephone#: \_\_\_\_\_

E-mail: \_\_\_\_\_