

Contact Information Update

Facility Name: _____
NPDES/PWS # _____
Operator's Name(s): _____
Cell Phone Number(s): _____

| | |
|------------------------|--|
| Facility address: | _____ |
| | _____ |
| | _____ |
| Reports emailed: | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> already do |
| Email address(es): | _____ |
| | _____ |
| Facility phone number: | _____ |

| | |
|--------------------------|--|
| Billing address: | _____ |
| | _____ |
| | _____ |
| Invoices emailed: | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> already do |
| Email address(es): | _____ |
| If different than above. | _____ |
| City Hall phone number: | _____ |

Courier: Route
USPS
SpeeDee
Walk In
Fed Ex

Pond
2 x/mo
1 x/wk
2 x/wk
3 x/wk

Other _____