

PUBLIC WATER SYSTEM CONTACT UPDATE FORM

***Type of Update:**

New Contact Contact Information Change Remove Contact – No longer affiliated

***Contact Type(s):**

Administrative Contact Owner Legal Contact

***PWS ID:** _____ ***Water System Name:** _____

Salutation: _____ ***First Name:** _____ Middle Initial: _____

***Last Name:** _____

Organization: _____

Job Title: _____

***Business E-mail:** _____

***Business Phone No.:** _____ (ex. 860-555-5555) Extension: _____

Fax: _____ Emergency Phone Number: _____

***Address Line One:** _____

Address Line Two: _____

***Town/City:** _____

***State:** _____ ***Zip Code:** _____

* indicates required information

I certify this information to be correct:

Signature

Title

Print Name

Date

Return completed form to:

State of Connecticut
Department of Public Health
Drinking Water Section
410 Capitol Avenue, MS #12DWS
P.O. Box 340308
Hartford, CT 06134-0308
DWDCompliance@ct.gov