

**INDUSTRIAL CONTACT FORM**

Company

Address

Address

City, State Zip

Complete the following information for correspondence with Water Pollution Control

Name

Email Address Or mail only

Phone Number

Permit Application Yes No

Billing Information Yes No

Compliance Issues Yes No

 (If yes, must be on current Industrial Designated Representative Form)

Name

Email Address Or mail only

Phone Number

Permit Application Yes No

Billing Information Yes No

Compliance Issues Yes No

 (If yes, must be on current Industrial Designated Representative Form)

Use additional sheets if needed.