

Member Information Water/Wastewater Agency Response Network (NYWARN)

System Name: _____

__ Water PWSID #: _____ # of Customers: _____

__ Wastewater SPDES #: _____ # of Customers: _____

Mailing Address:

City: _____ State: _____

Zip Code: _____ Email: _____

24-Hr. Telephone #: _____

Utility website address _____

Primary Emergency Contact:

Name: _____

E-Mail: _____

Telephone: (_____) _____ Cell Phone: (_____) _____

Secondary Emergency Contact:

Name: _____

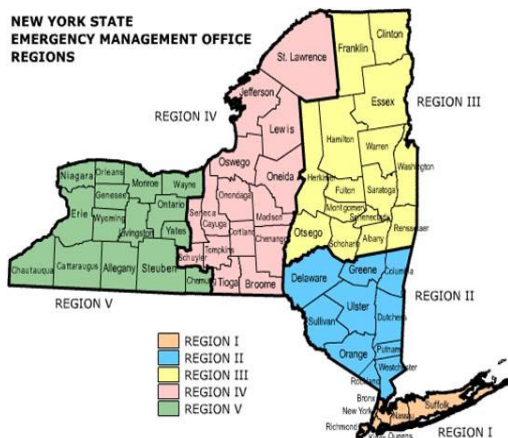
E-Mail: _____

Telephone: (_____) _____ Cell Phone: (_____) _____

Location of System:

New York State Emergency Management Region (see map below)

Reg 1 ___ Reg 2 ___ Reg 3 ___ Reg 4 ___ Reg 5 ___



Return completed application to:

NYWARN
C/o Connie K. Schreppel
MVWA
1 Kennedy Plaza
Utica, New York 13502