



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: _____

Return Completed Form to MnWARN at 217 12th Avenue SE, Elbow Lake, MN 56531