

INDUSTRIAL PRETREATMENT PROGRAM - DESIGNATION OF AUTHORIZED AGENT FORM



Attention: BettyAnne Rossi, Pretreatment Coordinator
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SECTION A: INDUSTRIAL USER INFORMATION

COMPANY NAME AND PERMIT NO: _____
FACILITY ADDRESS: _____
CHIEF EXECUTIVE OFFICER: _____
TITLE: _____
PHONE NUMBER AND EXTENSION: _____
FAX NUMBER: _____
HOME NUMBER/PAGER NUMBER*: _____
EMAIL ADDRESS: _____

SECTION B: ADDITIONAL AUTHORIZED AGENTS

NAME & TITLE	PHONE NUMBER AND EXTENSION	FAX NUMBER	HOME PHONE/PAGER NUMBER*	EMAIL ADDRESS	SIGNATURE

*HOME NUMBER/PAGER NUMBER REQUIRED TO CONTACT INDIVIDUAL IN CASE OF EMERGENCY (I.E., SPILL, FIRE, PROCESS UPSET, ETC.)

SIGNATURE OF CHIEF EXECUTIVE OFFICER

DATE