

1. Agency Name:

Address: County:
City: Zip: Website:
Telephone Number: Fax Number:
Chief Executive Officer Name: Title:

2. If your Agency operates a wastewater treatment facility, please provide the following information for each facility:

NPDES Permit Number:	NPDES Permit Number:
Facility Discharges to:	Facility Discharges to:
Design Average Flow:	Design Average Flow:
NPDES Permit Number:	NPDES Permit Number:
Facility Discharges to:	Facility Discharges to:
Design Average Flow:	Design Average Flow:

3. Are there any combined sewer service areas within your Agency?

No Yes (If yes, the LDRWC may request additional information)

4. DESIGNATED REPRESENTATIVE:

Name:
Title:
Direct Line:
Email Address:

ALTERNATE REPRESENTATIVE:

Name:
Title:
Direct Line:
Email Address:

The Designated Representative is authorized to vote at Workgroup meetings on the agency's behalf and the Alternate Representative is authorized to vote in the absence of the Designated Representative.

Signature _____ Title _____ Date _____

Please direct questions to Jennifer Hammer, Watershed Coordinator, at 630-428-4500x14. Please complete this Agency Membership Profile and return it along with a check made payable to the Lower DuPage River Watershed Coalition.

Lower DuPage River Watershed Coalition
10S404 Knoch Knolls Rd.
Naperville, Illinois 60565