

**PUBLIC WATER SYSTEM
ADDRESS/NAME CHANGE (SDWIS)**

PWS NAME: _____

PHYSICAL ADDRESS: _____

PWS ID: NV000 COUNTY: _____

PWS CLASSIFICATION: ___ COMMUNITY (C) ___ TRANSIENT (NC) ___NONTRANSIENT (NTNC)

PWS NAME CHANGE TO: _____

MANAGER NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMERGENCY PH: _____

CITY: _____ ST _____ ZIP: _____ FAX: _____

E-MAIL: _____

OWNER NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMERGENCY PH: _____

CITY: _____ ST _____ ZIP: _____ FAX: _____

E-MAIL: _____

IF OWNER IS A COMPANY: **Owner's Representative must be an individual:**

REPRESENTATIVE NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMERGENCY PH: _____

CITY: _____ ST _____ ZIP: _____ FAX: _____

E-MAIL: _____

HEAD OPERATOR NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMERGENCY PH: _____

CITY: _____ ST _____ ZIP: _____ FAX: _____

E-MAIL: _____

EMERGENCY NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMERGENCY PH: _____

CITY: _____ ST _____ ZIP: _____ FAX: _____

E-MAIL: _____

BILLING NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMERGENCY PH: _____

CITY: _____ ST _____ ZIP: _____ FAX: _____

E-MAIL: _____

Please return this form to:
NEVADA DIV. OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER
901 S. STEWART ST, STE 4001
CARSON CITY, NV 89701

FAX: (775) 687-5699