Name / Address General Update Form

This request shall be addressed to Permits Branch Supervisor Bureau of Water Pollution Control 901 S Stewart Street, Suite 4001 Carson City, NV 89701

Permit No.:	Facility Name:
Change of Ownership Fo	an ownership change, please submit a signed hard copy of the Notice to Transfer Permit / m, signed by both the current and new owner, pursuant to NAC 445A.231 and NAC 445A.263; o support any/all changes. Business Information
Name of Business:	
Mailing Address:	
Contact/Owner:	
Phone Number:	
Email:	
*Federal Tax ID:	
or reimbursement, New Facility Information	I Tax ID number is necessary in the event of any error in monetary transactions, i.e., refund from the State of Nevada. Federal Tax ID is not a Social Security Number.) (please give the name, title and telephone number of a person who is thoroughly familiar with ty and who can be contacted by reviewing offices if necessary.)
Facility Name:	
Name of contact:	
Title:	
Primary Phone:	
Email:	
*Facilities Mailing A	ddress:
	for mailing purposes only. If it is the same address as the business, please check here) (Annual invoices will be sent to this address)
Organization/Busine	s:
Contact Name:	
Contact Title:	
Mailing Address:	
Phone Number:	

New NetDMR administrator