

# **MDWARN Contact Information**

## MD Water / Wastewater Agency Response Network ( MDWARN ) Membership Application

Date: \_\_\_\_\_

Water PWSID # \_\_\_\_\_

Wastewater NPDES # \_\_\_\_\_

Utility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Website: \_\_\_\_\_

Telephone No. (24-Hr): \_\_\_\_\_

### ***Primary Emergency Contact (Authorized Official)***

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### ***Secondary Emergency Contact (Alternate)***

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### ***Utility Information***

Services and Equipment willing to Share:

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*The information provided on this page will be included on the MDWARN secure website.*

[www.mdwarn.org](http://www.mdwarn.org)

*Note: To become a MDWARN member, the utility must sign the Mutual Aid Agreement .*

**Form can be faxed to: 410-313-4989 or emailed to: [ashapiro@howardcountymd.gov](mailto:ashapiro@howardcountymd.gov)**