

**AGENCY MEMBERSHIP PROFILE**

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