AGENCY MEMBERSHIP PROFILE

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

2. If your Agency operates a wastewater treatment facility, please provide the following information for each facility:
   NPDES Permit Number:  
   Facility Discharges to:  
   Design Average Flow:  
   NPDES Permit Number:  
   Facility Discharges to:  
   Design Average Flow:  
   NPDES Permit Number:  
   Facility Discharges to:  
   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  
105404 Knoch Knolls Rd.  
Naperville, Illinois 60565