

**CONTACT INFORMATION FORM
(PLEASE PRINT LEGIBLY)**

Permit Number:	CA
Agency:	
Mailing Address:	
City:	
Zip:	
State:	
Fax Number:	

Agency Contact Information

Authorized Signatory:	
Phone Number:	
Phone Ext:	
E-mail:	

Data Prepared By:	Same As Above []
Prepared By:	
Phone Number:	
Phone Ext:	
E-mail:	

E-mail To: ciwqshelp@waterboards.ca.gov OR
Fax To: (916) 341-5935