



DRINKING WATER PROGRAM AUTO DIALER REGISTRATION FORM

This registration form can be downloaded from MassDEP's website:

<https://www.mass.gov/info-details/public-drinking-water-system-operations#communications->

City/Town: _____

Public Water System Name: _____

PWS ID# _____

REGISTRATION TYPE	<input type="checkbox"/> New Registration <input type="checkbox"/> Information Update	
NOTIFICATION TYPE	CONTACT PERSON <small>(Indicate whether the PWS, Certified Operator, or both parties, should be notified)</small>	CONTACT METHOD <small>(Only provide information for the contact method you are interested in)</small>
EMERGENCIES	<input type="checkbox"/> PWS	Phone #:
		Mobile Phone #:
		Carrier/Provider: <small>(e.g. Verizon, AT&T, etc)</small>
	<input type="checkbox"/> Certified Operator	Email Address:
		Phone #:
		Mobile Phone #:
SAMPLING SCHEDULES & MONITORING REMINDERS <small>(VOC'S, SOC'S, INORGANICS, etc.)</small>	<input type="checkbox"/> PWS	Carrier/Provider: <small>(e.g. Verizon, AT&T, etc)</small>
		Email Address:
		Phone #:
	<input type="checkbox"/> Certified Operator	Mobile Phone #:
		Carrier/Provider: <small>(e.g. Verizon, AT&T, etc)</small>
		Email Address:

Please return by:

Email:

Program.director-dwp@mass.gov

Subject: Auto Dialer Registration or

Post:

MassDEP

Drinking Water Program-5th Floor

One Winter Street

Boston, MA 02108

Attn: Tio Yano