**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->

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| --- |
| City/Town: |
| Public Water System Name: |
| PWS ID# |

|  |  |  |
| --- | --- | --- |
| **REGISTRATION TYPE** |  | |
| **NOTIFICATION TYPE** | **CONTACT PERSON**  (Indicate whether the PWS, Certified Operator, or both parties, should be notified) | **CONTACT METHOD**  (Only provide information for the contact method you are interested in) |
| **EMERGENCIES** |  | Phone #: |
| Mobile Phone #:  Carrier/Provider:  (e.g. Verizon, AT&T, etc) |
| Email Address: |
|  | Phone #: |
| Mobile Phone #:  Carrier/Provider:  (e.g. Verizon, AT&T, etc) |
| Email Address: |
| **SAMPLING SCHEDULES & MONITORING REMINDERS**  (VOC’S, SOC’S, INORGANICS, etc.) |  | Phone #: |
| Mobile Phone #:  Carrier/Provider:  (e.g. Verizon, AT&T, etc) |
| Email Address: |
|  | Phone #: |
| Mobile Phone #:  Carrier/Provider:  (e.g. Verizon, AT&T, etc) |
| Email Address: |

**Please return by: Email: Post:**

[Program.director-dwp@mass.gov](mailto:Program.director-dwp@mass.gov) MassDEP

Subject: Auto Dialer Registration or Drinking Water Program-5th Floor

One Winter Street

Boston, MA 02108

Attn: Tio Yano