



## DRINKING WATER PROGRAM AUTO DIALER REGISTRATION FORM

This registration form can be downloaded from MassDEP's website;  
<http://www.mass.gov/eea/agencies/massdep/water/drinking/water-systems-ops.html#44>.

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>
<b>EMERGENCIES</b>	<input type="checkbox"/> PWS	Phone #:
		Mobile Phone #:
		Carrier/Provider: <small>(e.g. Verizon, AT&amp;T, etc)</small>
	Email Address:	
	<input type="checkbox"/> Certified Operator	Phone #:
		Mobile Phone #:
Carrier/Provider: <small>(e.g. Verizon, AT&amp;T, etc)</small>		
Email Address:		
<b>SAMPLING SCHEDULES &amp; MONITORING REMINDERS</b>  <small>(VOC'S, SOC'S, INORGANICS, etc.)</small>	<input type="checkbox"/> PWS	Phone #:
		Mobile Phone #:
		Carrier/Provider: <small>(e.g. Verizon, AT&amp;T, etc)</small>
	Email Address:	
	<input type="checkbox"/> Certified Operator	Phone #:
		Mobile Phone #:
Carrier/Provider: <small>(e.g. Verizon, AT&amp;T, etc)</small>		
Email Address:		

**Please return by:**      **Email:**  
[program.director-dwp@state.ma.us](mailto:program.director-dwp@state.ma.us);  
 Subject: Auto Dialer Registration or

**Post:**  
 MassDEP  
 Drinking Water Program-5th Floor  
 One Winter Street  
 Boston, MA 02108  
 Attn: Tio Yano