

INVENTORY UPDATE REPORT



Please Return Completed Form to:
Public Water Supply Section
P.O. Box 200901
Helena, MT 59620-0901

Please complete and mail to the address indicated above if your system has a change in owner information, correspondent information, certified operator information, system information, or facility/entry point information.

System Name: _____

PWSID#: _____ **Status:** _____

Class: _____ **County:** _____ **Date:** _____

Owner Information (Use mayor if incorporated; use president, if incorporated district, HOA, or WUA):

Name: _____ **Phone #:** _____

Mailing Address: _____

City, State & Zip Code: _____

Correspondent Information

Administrative Contact (Person that all system correspondence should be sent to):

Name: _____ **Phone #:** _____

Mailing Address: _____

City, State & Zip Code: _____

Financial Contact:

Name: _____ **Phone #:** _____

Mailing Address: _____

City, State & Zip Code: _____

Certified Operator Information

Operator Name: _____ **Phone #:** _____

Mailing Address: _____

City, State & Zip Code: _____

Position Title: _____

Certification #: _____ **Certification Class & Type:** _____

