

WA WARN Agreement Information Sheet

Attach to the front of your signed agreement.

(PLEASE PRINT)

Primary Contact Name: _____ **Title:** _____
(List the person to contact for any questions regarding the Agreement.)

Organization Name: _____

Mailing address: _____
(Street or Post Office Box number)

(City, state, and zip code)

Phone: () _____ **County:** _____

Email address: _____
(Necessary to receive updated information and meeting notices.)

Population served by this organization: _____

As applicable, please list below an **alternate representative/designee:**

Alternate Name: _____ **Title:** _____

Organization Name: _____

Mailing address: _____
(Street or Post Office Box number)

(City, state, and zip code)

Phone: () _____ **County:** _____

Email address: _____
(Please do not list the same email address as for the primary contact.)

Mail hard copy to:

(pdf copies can be emailed)

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