

Susquehanna River Basin Commission

a water management agency serving the Susquehanna River Watershed



FACILITY INFORMATION

1. General Information:

Owner Name or Registered Fictitious Name _____

Mailing Address _____

City _____ State _____ Zip _____

Designated Contact Person _____ Title _____

Mailing Address (if different): _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

Immediate Supervisor _____ Title _____

Mailing Address (if different): _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

2. Corporate Information:

Parent Corporation Name, or Fictitious Name If Different Than Owner: (Use additional sheets, if necessary to describe the corporate hierarchy.) _____

Corporate Registration: Entity No. _____ State _____

Federal Tax ID No. _____ Dunn & Bradstreet ID No. _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Corporate Contact:

Name _____

Title _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

(over)

3. Project Information:

Name of Approved Project _____

SRBC Docket No. _____

Name of Approved Project _____

SRBC Docket No. _____

Name of Approved Project _____

SRBC Docket No. _____

Name of Pending Project _____

Name of Pending Project _____

Name and Signature of Preparer:

Name _____ Date _____

Signature _____

Note: Entries must be made in all fields.