

Facility Contact Information

This form is intended to be used to communicate changes in facility contacts for daily pretreatment program responsibilities. This form is required when the information is not included in a permit application or renewal.

Return signed
form to:

Attn: Marcos Quintero
City of Wentzville
Wastewater Division
2455 Mette Road
Wentzville, Missouri 63385

Facility Address

Facility Name	
Address Line 1	
Address Line 2	
City	
State	
Zip	

Primary Facility Contact

Designated Facility Contact	
Title	
Email Address	
Facility Phone Number	
Cell	

The person named above is authorized for the facility identified above as the facility contact to serve as the person giving and receiving daily communications associated with the Pretreatment Standards. This person is aware of Pretreatment Program Requirements and can communicate with other roles at this facility as necessary for reporting requirements including periodic compliance reports, enforcement actions, notification of violations, and other reporting and notification associated with the Pretreatment Program Requirements.

Authorized Representative Full Name

Title of Authorized Representative

Signature of Authorized Representative

Date