

## Facility Contact Information

<i>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.</i>	<b>Return signed form to:</b>	Attn: Ryan Peasel City of Wentzville Wastewater Division 2455 Mette Road Wentzville, Missouri 63385
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### 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**