



Protecting Lake Michigan & Our Waterways.

North Shore Water Reclamation District

North Shore Water Reclamation District Compliance Department

Duly Authorized Representative Notification

This form is to be submitted to the North Shore Water Reclamation District (NSWRD) for Approval by a facility's Authorized Representative in order to name a Duly Authorized Representative. Upon NSWRD approval the Duly Authorized Representative will be allowed to sign and submit required reports to the NSWRD.

Company Name: _____

Address: _____

Telephone: _____

Person completing this form: _____

Title: _____

Authorized Representative (name): _____

(title): _____

SIGNATURE OF AUTHORIZED REP: _____

Duly Authorized Representative (name): _____

(title): _____

SIGNATURE OF DULY AUTHORIZED REP: _____

Effective date: _____

NOTE: The above Duly Authorization is non-transferable should a different individual become the facility's Authorized Representative. In order to maintain the signing capacity of the Duly Authorized individual the new Authorized Representative is required to submit a Duly Authorization form to the NSWRD for approval.

The person designated as Authorized Representative or Duly Authorized Representative must fulfill the requirements of 40 CFR 403.12 (l).

NSWRD Use Only:

Date received: _____ Initials: _____

Class: I01 I02 I03 I04 I05 (circle one)