



# Non-Community Public Water Supplies Information Change Form for WSSN \_\_\_\_\_

Type of Change: Facility Closing \_\_\_\_\_ Facility Reopening \_\_\_\_\_ New Owner/Information Change \_\_\_\_\_

Current/Previous Name of Facility: \_\_\_\_\_

New Name of Facility (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current/Previous Owner: \_\_\_\_\_

New Owner: \_\_\_\_\_

	Name	Address/City/Zip	Phone	Email
Billing	_____	_____	_____	_____
	_____	_____	_____	_____
Contact	_____	_____	_____	_____
	_____	_____	_____	_____
Facility	_____	_____	_____	_____
	_____	_____	_____	_____
Owner	_____	_____	_____	_____
	_____	_____	_____	_____
Operator	_____	_____	_____	_____
	_____	_____	_____	_____

Information Provided by: \_\_\_\_\_

Date sent to Non-Community Staff: \_\_\_\_\_

Non-Community Staff Receiving Information: \_\_\_\_\_

Date Non-Community Staff Received Update: \_\_\_\_\_

Date Entered Update onto Database: \_\_\_\_\_

Date filed in WSSN File: \_\_\_\_\_