

For MSD internal use -IUN:

Permits-WDPA

Date: _____

Return completed form(s) to:
Compliance Services Division
Metropolitan Sewer District of Greater Cincinnati
1600 Gest Street
Cincinnati, OH 45204

(document tracking
time stamp)



Contact Update Sheet

This is a Contact Update Sheet. It is being sent to you because your company has changed contacts or mailing address. This sheet must be completed in its entirety and mailed to the above address. If you have any questions please contact the Compliance Services Division at 513-557-7000. Please type this form or print legibly in blue or black ink. MSD Rules and Regulations require this form to be signed by the Duly Authorized Representative. Blank forms are available at www.msdbg.org, [Customer Care](#), [Industrial User Resources](#)

General Facility Information

1. Legal Business Name (as registered with the Ohio Secretary of State at businesssearch.ohiosos.gov):

2. Facility Name (what is the name on your sign?):

3. Facility Address (physical location): Street Address City State Zip

4. Facility Telephone FAX E-mail Address Website

5. Preferred Mailing Address (USPS): Street Address City State Zip

6. Name and Title of Duly Authorized Representative: E-mail Address Telephone

7. Name and Title of Contact Person (responsible for day-to-day operations of this facility):

8. Contact Person Mailing Address (USPS): Street Address City State Zip

9. Contact Person Telephone FAX E-mail Address Website

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Signature of Duly Authorized Representative

Printed Name

Date