WATERMASTER Administrative Body



Version 2.0 June 27, 2024

Designee Verification Form						

	Party Name:							
	Section 1: Current Designee Information:							
	Designee Name:			Title:				
	Address:							
	City:		State:			Zip Code:		
	Telephone:							
	Email:							
	By checking this box, I confirm the contact information in Section 1 is correct.							
	If the information in Section 1 is incorrect, please complete Section 2 below.							
	Section 2: Update Designee Information:							
	Designee Name:			Title:				
	Address:							
	City:		State:			Zip Code:		

City:	State:	Zip Code:	i
Telephone:			
Email:			
Print Name:	Title:		
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