



WV WARN

Utility Mutual Aid Agreement and Contact Information

The information provided in this application will be included on the WV WARN secure web site www.wvwarn.org in the password protected "members" area.

To become a WV WARN member utility, an authorized party must sign and date the Mutual Aid Agreement.

Utilities Helping Utilities

Utility name: _____

Water PWSID # _____

List all that apply use separate sheet if needed

Address: _____

Wastewater NPDES # _____

List all that apply use separate sheet if needed

City: _____

County: _____

Zip code: _____

Now therefore, inconsideration of the covenants and obligations set forth in this Agreement, the Water and Wastewater Utility listed here manifests its intent to be a Member of the Intrastate Mutual Aid and Assistance Program for Water and Wastewater Utilities by executing this Agreement on this ____ Day of _____, _____.
Month Year

By (Signature) _____

Name (Print) _____

Title (Print) _____

Primary authorized emergency contact: _____	Title _____
Day phone: _____	Numeric Pager: _____
Night phone: _____	Alpha Pager: _____
Cell phone: _____	Fax: _____
Preferred email _____	

Secondary authorized emergency contact: _____	Title _____
Day phone: _____	Numeric Pager: _____
Night phone: _____	Alpha Pager: _____
Cell phone: _____	Fax: _____
Preferred email _____	

Fallback County EOC emergency number: _____

Please attach a copy of your certificate of insurance for Workers Compensation, General Liability and Vehicular Liability Insurance. Proper insurance is the responsibility of the requesting utility member.

Applications should be faxed to 304-201-1694