



**WASTEWATER UTILITY**

**Authorized or Duly Authorized Representative of the User Designation Form**

The individual identified as the Authorized Representative of the User or the person(s) designated as a Duly Authorized Representative of the User are directly responsible for managing facility compliance with pretreatment regulations and standards promulgated in accordance with the Janesville Wastewater Facilities and Sewer Use Ordinance, all applicable national categorical and/or Wisconsin pretreatment standards and City of Janesville Industrial Wastewater Discharge Permits issued hereafter. Please refer to the City of Janesville Sewer Use Ordinance Ch.13.16.060 for the description of Authorized Representative of the User and Duly Authorized Representative of the User.

***AUTHORIZED REPRESENTATIVE OF THE USER***

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Is the individual identified above as the Authorized Representative of the User the designated facility contact? YES  NO   
(If no, complete Duly Authorized Representative of the User information below.)

“WET INK” SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***DULY - AUTHORIZED REPRESENTATIVE OF THE USER***

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Is the individual identified above as the Duly-Authorized Representative of the User the designated facility contact? YES  NO   
(If no, complete Duly Authorized Representative of the User information below.)

“WET INK” SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Submit additional Duly Authorized Representative of the User Designations if needed.