



**SPONSOR INFORMATION**

<b>Sponsor Name:</b>			
<b>Sponsor Number:</b>		<b>Contact Person:</b>	
<b>Address:</b>			
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>Sponsor Email Address:</b>			

**CERTIFICATION OF SPONSOR**

I hereby certify that all O&M activity contained on this proposal, if approved by TSSWCB, will be completed consistent to the closest extent possible with the information provided above. I am an individual with authority to sign on behalf of the sponsor.

\_\_\_\_\_  
Name, Title\_\_\_\_\_  
Date**TSSWCB APPROVAL**

This proposal is hereby approved and O&M activities specified above may commence, consistent with the information provided above, as of the proposal approval date.

\_\_\_\_\_  
Name, Title\_\_\_\_\_  
Date

*Signed proposals should be submitted via email to: [lmunz@tsswcb.texas.gov](mailto:lmunz@tsswcb.texas.gov), faxed to (254) 773-2250, Attn. Lee Munz, or mailed to P.O. Box 658, Temple, TX 76503. A copy of this proposal will be provided to you upon TSSWCB approval.*