

SPONSOR INFORMATION

Sponsor Name:			
Sponsor Number:		Contact Person:	
Address:			
Phone Number:		Fax Number:	
Sponsor Email Address:			

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, 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.