



**Water Quality Assurance Revolving Fund (WQARF)
Mailing List Form and Community Advisory
Board (CAB) Membership Application**

Site Name:

If you would like to be added to the site mailing list, please fill out the top portion of this form and return it to ADEQ. If you would like to apply to serve on the CAB, please also complete the bottom portion of this form.

First Name: _____ Last Name: _____

Organization / Association: _____

Address: _____ Zip Code: _____

Mailing Address: (if different from above) _____

Zip Code: _____ Email Address: _____

Occupation: _____ Employer: _____

Phone Numbers: (home:) _____ (work:) _____

(mobile:) _____ (other:) _____

Application for CAB Membership

How long have you lived in or near the Site? _____

Are you willing to make a commitment to serve on the CAB for at least 1 year? _____

Are you able to attend at least four meetings a year? _____

What day(s) / time(s) would be best for you to attend meetings? _____

Please explain why you would like to serve on the CAB (attach a separate sheet if needed):

Return this application to:

ADEQ, Community Involvement Coordinator – 4th Floor, 1110 West Washington, Phoenix, AZ 85007
or fax to (602) 771-4236. For more information, visit ADEQ's Web site at www.azdeq.gov or 602-771-4189.