SWCD INFORMATION FORM

A. General Information (\*indicates a required field)

1. Provide details on the name of the SWCD:

a. \* Enter the legal name of the SWCD:

2. Provide the Legal address for the SWCD:

a. \* Street address:

b. \* City:

c. \* State:

d. \* Zip Code:

3. \* Are you registered in Swift: Yes

4. Provide at least one email address, up to two:

a. \* Email 1:

b. Email 2:

5. \* Provide a primary contact that the state may use to contact this this SWCD:

a.\* First & Last Name:

b.\* Phone Number:

6. \* Provide the following information for this SWCD that is an authorized representative to be listed in the contract (Who will be signing Work Orders?):

a. \* First Name:

b. \* Last Name:

c. \* Title:

d. \* Street Address:

e. \* City, State and Zip Code:

f. \* Phone number: