	C	<b>TAUD Data Office:</b> (615) 896-9	_	e Form ww.taud.org			
Utility Name:			Contact	Contact: Position:		n:	
Mailing Address:				Shipping Address:			
City: St:		St: Zip:	City:	City:		St: Zip:	
County:							
Phone: Fax:				Emergency Number:			
Web site:	Email:	Email:					
General Manag	Office N	Office Manager:					
Office Hours:							
Board Meeting-Frequency: Date: Time: Location:							
Commissioners: Elected Self Appointed Mayor Appoints Other:							
Name:		Position:		Term:			
Name: Position:				Term:			
Name: Position:				Term:			
Diago complete the comment of a section of the sect							
Please complete the appropriate sections for your utility:							
Water							
Please select one: Surface Water Groundwater Purchase Water-from where:							
Contact:				Email Address:			
Plant Address:					pacity:		
City:	St:	Zip:		Connections:		Treatment Grade:	
Phone:		Fax:					
Wastewater							
Contact:				Email Address:			
Plant Address:			NPDES #	NPDES #:		Design Capacity:	
City	St: Zip:		Connection	Connections:		Treatment Grade:	
Phone:		Fax:					
Gas							
Contact:			Email Ad	Email Address:			
Address:				Connections:			
City:	St:	Zip:					
Phone:		Fax:	I				
Distribution/Collection							
Contact:	ontact:		Email Ad	Email Address:			
Address:			PWSID#	:			
City:	St:	Zip:	Collection	n Grade:	Distributio	n Grade:	
Phone:		Foy:				<del></del>	

Please E-mail completed update to TAUD@taud.org or fax to (615) 898-8283.